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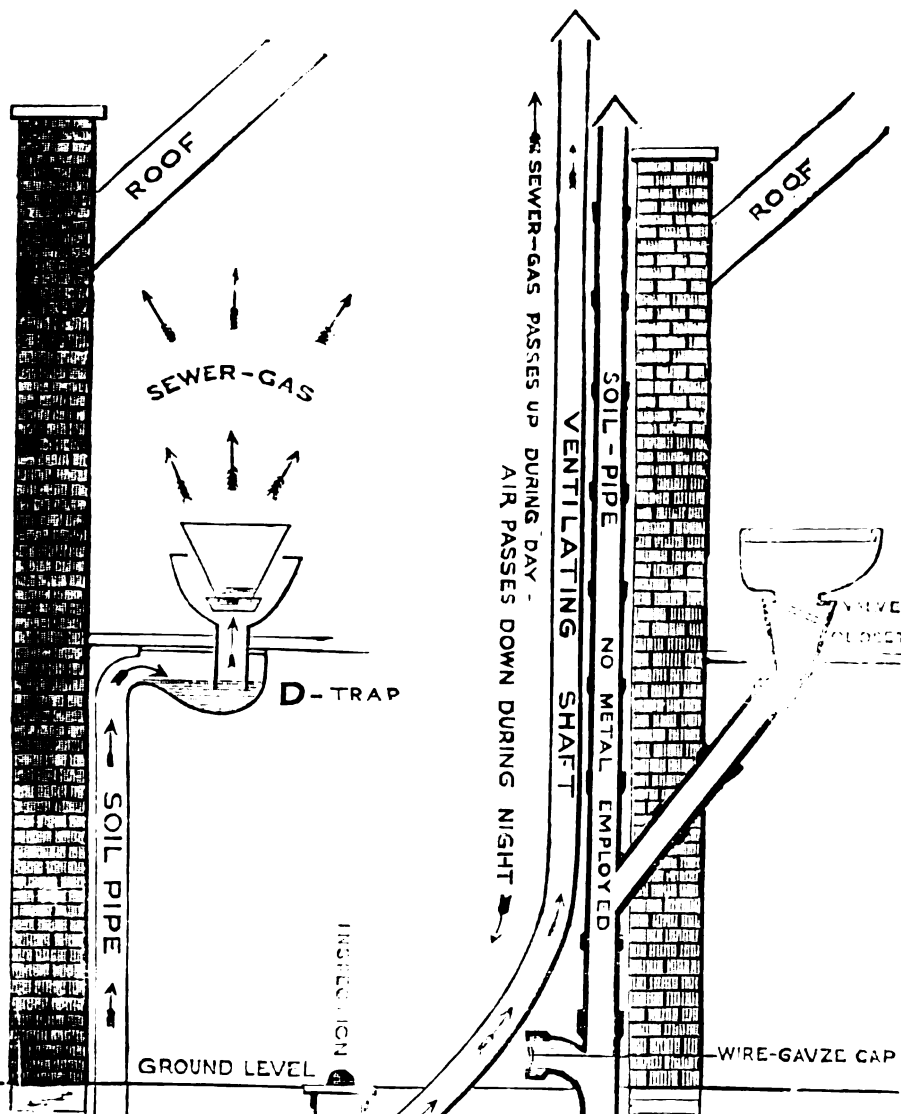
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*The Homœopathic world*

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# INDEX.

	PAGE
A Canine Cure for Consumption .....	507
A Case of Profound Deafness in a Child .....	102
A Clinical Case .....	500
A Colleague Burnt Out .....	451
A Complicated Case with Dropsy .....	146
A Contribution to the Etiology of Cataract .....	502
A Dermatological Drama .....	416
A Few Thoughts on Nosodes .....	120
A Hair of the Dog that Bit .....	19
A Homœopathic Deputy .....	265
A Neutraliser of Malaria .....	465
A New Cough Repertory .....	403
A New Homœopathic Editor .....	140
A Papal Anathema .....	523
<i>Abies Nigra</i> , Clinical Experience with .....	417
Acetic Acid, Clinical Experience with .....	552
<i>Aconitum Napellus</i> .....	566
<i>Aconitum Napellus</i> , Root of .....	541
Address on Homœopathy by Hon. Montgomery Blair .....	406
Another Case of Euthanasia .....	164
<i>Apis Mellifica</i> , its Poison .....	318
<i>Arnica</i> Poisoning and Nosodes .....	54
Bacteria in Tubercles .....	386
Bismarck a Homœopath .....	152
Books and Journals Received .....	48, 95, 143, 191, 240, 288, 335, 384, 431, 479, 527, 568
"British Homœopathic Medical Directory," 1883 .....	514
Can We Give Up the Name? .....	337
Case of Chronic Diarrhoea Cured by Jalap .....	404
Case of Cure by Hydrocyanic Acid .....	5
Cases from Practice .....	250
Case of Polypus of the Ear Cured by Medicine .....	348
Case of Profound Deafness in a Child .....	102
Cases of Skin Disease Treated in the London Homœopathic Hospital .....	150
Chronic Diarrhoea Cured by <i>Podophyllinum</i> .....	508
"Clinical Case," Dr. Shuldham's .....	565
Clinical Cases .....	394
Clinical Cases Illustrating the Difference between True and Delusive Homœopathy .....	316
Clinical Lectures in the London School of Homœopathy .....	124
Clinical Lectures on Diseases of the Heart:	
I. Introductory .....	7
II. Functional Disease .....	105
III. Heart Failure .....	106
IV. Heart Failure—continued .....	304
Clinical Notes .....	52, 200, 315
Clinical Uses of <i>Kali Iodatum</i> .....	448

	PAGE
Coffee Concoctions and How to Make Them .....	419
Contribution to the Pathogenesis of <i>Cundurango</i> .....	24

## CORRESPONDENCE:—

<i>Aconitum Napellus</i> .....	566
A Papal Anathema .....	523
A Pretended Colleague .....	333
An Autograph Letter of Hahnemann .....	374
Are the Hahnemannians Intolerant? .....	470
<i>Arnica</i> Poisoning .....	331
<i>Calotropis</i> in Rheumatic Fever .....	31
Companion to the Homœopathic Pharmacopœia .....	225
Dr. Berridge on the Law of Similars .....	176
Dr. Berridge's Open Letter .....	282
Dr. Blake and Dr. Berridge .....	331
Dr. Bradshaw on Pseudo-Homœopathic Teachings .....	423
Dr. Bradshaw on the Superiority of the Homœopathic Treatment of Gall Stones .....	520
Dr. Burnett and the L. H. .....	181
Dr. Guinness's Reminiscences of Homœopathic Dispensaries .....	138
Dr. Hughes on Heilkunde and Heilkunst .....	284
Dr. Ker on the Propagation of Homœopathy .....	376
Dr. Pope and the Hahnemannians .....	408
Dr. Shuldham's "Clinical Case" .....	565
Dr. Skinner and the Anti-Hahnemannians .....	519
A Suggestion by Dr. — .....	142
Dr. Skinner on <i>Melittagrœnum</i> .....	89
Dr. Skinner's Polemics .....	178
Dr. Harmar Smith on the Resurrection of the Material Body .....	130
Dr. Thomas on the Limitation of the Homœopathic Law .....	515
Dr. David Wilson on Infinitesimals and the Minimum Dose .....	32
Dr. N. Wood on Homœopathy in India .....	469
Dr. N. Wood on Homœopathy in Melbourne .....	518
Dr. N. Wood on Vaccination .....	91, 177
Hahnemannians and Gall Stones .....	561
Heilkunde and Heilkunst .....	222
Homœopathic Chemist Wanted in South Africa .....	467
Homœopathic Nurses' Institute .....	565
Homœopathic Practitioner Wanted at Middlesborough .....	286
Homœopathy at St. Petersburg .....	227
Is Homœopathic <i>Mercurius</i> Deleterious? .....	36

	PAGE
CORRESPONDENCE—continued:—	
<i>Lachnanthes</i> in Consumption .....	519
Letter from Dr. Burnett to the Editors of the "British Journal of Homœopathy" .....	380
Letter from the Editors of the "British Journal of Homœopathy" .....	422
L. R. C. P. and <i>Menyanthes</i> .....	334
Mechanical Vibration as a Therapeutic Agent .....	428
<i>Menyanthes Trifoliata</i> .....	285
On Some Effects of Snake Bites .....	474
Open Letter to Dr. Bayes .....	228
Our Formula .....	475
"Quicunque Vult" .....	556
Qui s'Excuse s'Accuse .....	178
Spurious <i>Iris Versicolor</i> .....	375
Syphilis Communicated by Vaccination .....	177
The Case of Pemphigus in the London Hospital .....	424
The Cause of Tuberculosis .....	381
The "Critical Condition of Homœopathy" .....	378
The Curse of Vaccination .....	135
The Liverpool Homœopathic Medical-Chirurgical Society on the L. II. .....	225
The Parasitic Origin of Consumption .....	333
The Plague of Vaccination .....	40
The Resurrection of the Material Body .....	43
The Theory of the Little Dose .....	516
The Treatment of Diphtheria .....	371
The Wright Fund .....	30
Typhoid and <i>Baptisia</i> .....	132
Upper-Class Vaccination .....	38
<i>Veratrum Album</i> in Peritonitis and Cystitis .....	87
Veterinary Homœopathy .....	226
Cure by Hydrocyanic Acid .....	5
Deafness, Possible Causes of .....	535
Death of a Child from Gas or Oil .....	320
Death through Bathing Winkles .....	324
Died from Dosing .....	511
Directory of Homœopathic Physicians in New England .....	514
Domestic Hygiene:—	
I. Where to Select a House .....	3
II. How to Select a House .....	60
III. How to Ventilate a House .....	113
IV. How to Disinfect a House .....	252
Dr. Gray, New York .....	320
Dr. Prater's Prizes and Prize Essay .....	400
Dr. Talbot's Statistics of Homœopathy in America .....	416
Dr. Wilde's Challenge to the Hahnemannians Accepted .....	538
Dr. Wright's (the late) Family .....	53
Drugs that Cause Acute Glaucoma .....	404
<i>Duboisia</i> in Ophthalmic Practice .....	321
Dyspnoea on Falling Asleep .....	357
Effect of an Overdose of <i>Podophyllin</i> .....	346
Effects of <i>Thapsia Garganica</i> on the Skin .....	23
Epileptiform Disease in Hounds .....	463
Great Gathering of Homœopathic Practitioners in America .....	341
<i>Grindelia Squarrosa</i> .....	411
Hahnemannian Lecture, 1882, The .....	415

	PAGE
Hahnemannian Lecture, Third .....	510
Hahnemannians and Gall Stones .....	561
Hints for the Prevention of the Most Common Accidents .....	309
History of the Apple .....	272
Hints for the Prevention of the Most Common Accidents causing Blindness, and How to Act .....	309
Homœopathic Dispensary for Maidenhead .....	232
Homœopathic Hospital for Children in Portugal .....	265
Homœopathic Medical Progress .....	193
Homœopathic Nurses' Institute .....	565
Homœopathy Ahead, Dr. Everett's Final Report .....	457
Homœopathy in Austro-Hungary .....	264
Homœopathy in the United States of America .....	14
Homœopathy to the Fore in India .....	361
Homœopathy r. Allopathy .....	169
How Archbishop Whately became a Homœopath .....	153
Hydrocyanic Acid, Cure by .....	5
International Hahnemannian Association, Session 1881 .....	76
Is Salt a Food? .....	464
January 1st, 1882 .....	1
<i>Lappa Major</i> —Culpeper 1750, Jones 1882 .....	418
LEADING AND GENERAL ARTICLES:—	
<i>Abies Nigra</i> , Clinical Experience with .....	417
Accidents, Most Common, Hints for the Prevention of .....	309
<i>Acetic Acid</i> , Clinical Experience with .....	552
Acute Glaucoma, Drugs that Cause .....	404
A Fearful Fall .....	204
Allopathic Tradesmen at their Guild American Homœopathic Ophthalmological Society .....	360
American Societies, Meeting of .....	380
<i>Apis Mellifica</i> , its Poison .....	313
Apple, History of the .....	272
<i>Aralia Racemosa</i> .....	303
<i>Aralia Racemosa</i> —its Cough .....	153
<i>Arnica</i> Poisoning .....	331
<i>Arnica</i> Poisoning and Nosodes .....	54
<i>Arsenicum</i> in Purulent Ophthalmia .....	165
Bayes's (Dr.) Letter and Petition, Opinions on .....	84
Belladonna, Cultivated or Wild .....	275
Bismarck a Homœopath .....	152
Blindness, Prevention of Most Common Accidents .....	309
Blindness, Society for the Prevention of .....	6
Burns and Scalds, Treatment of .....	412
<i>Cactus Grandiflorus</i> in Heart Disease .....	374
Calsson Disease—the Bends .....	239
Calsson Disease, The, Definitions and Symptoms .....	295
Calsson Disease, Treatment of the .....	294
Cancer, Medical Treatment of .....	16
Cancer, Relief in .....	612
Can we Give Up the Name? .....	337
Cardiac Murmur, A Rare Case of .....	100
<i>Carduus Marianus</i> , Notes on .....	93
Castor Oil, Death of a Child from .....	326
Cataract, A Contribution to the Etymology of .....	502

LEADING AND GENERAL ARTICLES—con- tinued :—	PAGE
Cigarette, The Deadly .....	323
Clinical Case, A .....	500
Clinical Cases .....	394
Clinical Cases, Difference between True and Delusive .....	316
Clinical Cases—Obstinate Constipa- tion Cured by <i>Magn. mur.</i> .....	316
Clinical Notes .....	32, 200, 315
Coffee Concoctions .....	410
Colleague, A, Burnt Out .....	451
<i>Collinsonia Canadensis</i> .....	392
Consumption, A 'auline Cure for ..	507
Consumption, Parasitic .....	385
Consumption, The Parasitic Origin of .....	241
Cough, Violent .....	307
Cough Repertory, A New .....	403
<i>Cundurango</i> , Pathogenesis of, a Con- tribution to the .....	24
Deafness, Profound, in a Child, Cured ..	102
Deputy, A Homœopathic .....	265
Dermatological Drama, A .....	416
Diabetes Mellitus, <i>Mercurius</i> in .....	358
Diarrhœa, Chronic, Cured .....	404
Diphtheria, Suggested Remedy for ..	511
Diphtheria, The Treatment of .....	371
Directory, British Homœopathic Medi- cal, 1883 .....	514
Domestic Hygiene :—	
I. Where to Select a House .....	3
II. How to Select a House .....	60
III. How to Ventilate a House .....	113
IV. How to Disinfect a House .....	252
Dosing, Died from .....	511
Dr. Gray, New York .....	320
Dr. Wilde's Challenge to the Hahne- mannians Accepted .....	538
Drama, A Dermatological .....	416
Drop-y, A Complicated Case .....	146
<i>Duboisia</i> in Ophthalmic Practice .....	321
Dyspnoea on Falling Asleep .....	367
Ear, Polypus of, Cured .....	348
Edinburgh, The Congress in .....	433
Euthanasia, Another Case of .....	164
Eye, Foreign Bodies in .....	397
Fleas and Flies, Sure Death to .....	274
Foreign Bodies in the Eye .....	397
<i>Grindelia Squarrosa</i> .....	411
Hahnemann, An Autograph Letter of ..	374
Hahnemann Convalescent Home and Dispensary, Bournemouth .....	278
Hahnemannian International Asso- ciation, Session 1881 .....	76
Hahnemannian Lecture for 1882, The ..	290
Hahnemannian Lecture, The, 1882 .....	415
Hahnemannian Lecture, The Third .....	510
Hahnemannians Intolerant? Are the ..	470
Hair of the Dog that Bit, A .....	19
Hand, An Analysis of the Involun- tary Motions of the .....	364
Hastings and St. Leonards Institu- tion, Dr. Pope's Speech .....	184
Headache, Chronic, Cured by <i>Phos- phorus</i> .....	452
Headache, <i>Unea Barbata</i> in .....	167
Heart, Clinical Lectures on Diseases of the :—	
I. Introductory .....	7
II. Functional Disease .....	105
III. Heart Failure .....	198
IV. Heart Failure continued .....	304

LEADING AND GENERAL ARTICLES—con- tinued :—	PAGE
Hiccough, Remarkable Case of .....	503
Homœopathic Dispensaries, Liver- pool .....	233
Homœopathic, British, Medical Di- rectory, 1883 .....	514
Homœopathic Congress, This Year's ..	340
Homœopathic Deputy, A .....	265
Homœopathic Dispensary, Devon and Cornwall, Report .....	426
Homœopathic Dispensary for Malden- head .....	282
Homœopathic Dispensary, New- castle-on-Tyne .....	281
Homœopathic Dispensary, Oxford .....	141
Homœopathic Dispensary, St. Leonards-on-Sea .....	96
Homœopathic Editor, A New .....	149
Homœopathic Hospital, Bath .....	181
Homœopathic Hospital for Children in Portugal .....	265
Homœopathic Hospital in Munich .....	75
Homœopathic Institution, Noting- hamshire .....	159
Homœopathic Medical College, New York .....	429
Homœopathic Medical Progress .....	193
Homœopathic Nurses' Institution .....	510
Homœopathic Physicians in New England, Directory of .....	514
Homœopathic Practitioners, Great Gathering in America .....	341
Homœopathic Treatment, Com- mercial Value of .....	271
Homœopathy Ahead, Dr. Everett's Final Report .....	457
Homœopathy, Hon. Montgomery Blair's Address on .....	406
Homœopathy in America .....	14
Homœopathy in America, Dr. Talbot's Statistics of .....	416
Homœopathy in Austro-Hungary .....	264
Homœopathy, On the Propagation of ..	376
Homœopathy, The Licentiatehip in ..	80
Homœopathy to the Fore in India .....	361
Homœopathy, True and Delusive, Clinical Cases Illustrating .....	316
Homœopathy v. Allopathy .....	109
Hounds, Epileptiform Disease in .....	463
<i>Hydrocyanic Acid</i> , Cure by .....	5
Hydrophobia, Prophylaxis of .....	238
<i>Iris Versicolor</i> , Spurious .....	375
January 1st, 1882 .....	1
Joints, White Swellings of .....	153
<i>Kali Iodatum</i> , Clinical Uses of .....	448
Kyroglyph, The .....	364
Lamson, The Case of .....	145
<i>Lappa Major</i> —Culpeper, Jones .....	418
Lime Fruit Syrup .....	465
London Homœopathic Hospital .....	32, 124, 233, 281, 321
London Homœopathic Hospital, Legacy to .....	415
London School of Homœopathy .....	45, 435
London School of Homœopathy, Clinical Lectures .....	124
London School of Homœopathy, Subscribers to .....	94
London School of Homœopathy, Teaching of the .....	400
Long-standing Case of Vicarious Menstruation Cured by <i>Senecio</i> after the Failure of <i>Pulsatilla</i> .....	537

LEADING AND GENERAL ARTICLES—con-	PAGE
<i>tinued</i> :—	
L. R. C. P. and <i>Mengyanthes</i> .....	334
Malaria, A Neutraliser of .....	465
Mechanical Vibration as a Therapeu-	
tic Agent .....	340
"Medical Counselor," The .....	363
<i>Mengyanthes Trifoliata</i> .....	186
<i>Mezereum</i> .....	162
Mr. Lister's Peacock's Feathers .....	78
Morphine Poisoning .....	395
Neuralgia Cured by <i>Mezereum</i> .....	162
Newcastle-on-Tyne Homœopathic	
Dispensary .....	281
New Inventions, Notices of .....	362
New York Homœopathic Medical	
College .....	429
New Zealand, Mineral Springs of .....	215
Nosodes, A Few Thoughts on .....	120
Notes by the Way .....	150, 268, 397
Oro-Nasal Respirator, The .....	366
Our Differences .....	529
Oxalic Acid, Poisoning by .....	325
Pannus .....	160
Papal Anathema, A .....	523
Pennsylvania Homœopathic Medical	
Society's Transactions .....	221
Personalia .....	411
" , Dr. Pope and Dr. J. H.	
Clarke .....	509
Petition, Dr. Bayes's Form of .....	82
Pharmacological Fragments :	
<i>Aralia Racemosa</i> .....	308
<i>Aralia Racemosa</i> : its Cough .....	353
<i>Cactus Grandiflorus</i> in Heart	
Disease .....	354
<i>Collinsonia Canadensis</i> .....	392
<i>Mengyanthes Trifoliata</i> .....	186
<i>Mezereum</i> .....	162
<i>Rhododendron Chrys.</i> .....	342
Physician's Wife, Memorial to a .....	266
<i>Podophyllum</i> , Chronic Diarrhoea	
Cured by .....	508
<i>Podophyllum</i> , Effect of an Overdose	
of .....	346
Possible Causes of Deafness .....	535
Practice, Cases from .....	250
Practitioner Wanted at Cape Town .....	406
Practitioners in America, Great	
Gathering of .....	341
Prater's, Dr., Prizes and Prize Essay	
460 .....	
Programme of the Société Française	
d'Hygiène .....	100
<i>Propylamin</i> in Rheumatic Fever .....	418
Proving of <i>Syphilinum</i> .....	545
Pseudo-Apoplexy .....	309
Purulent Ophthalmia, <i>Arsenicum</i> in .....	165
Quinque Vult .....	481, 556
Rattlesnake Poison .....	161
"Red Mange" Cured, Case of .....	25
Remarks on the Root of <i>Aconitum</i>	
<i>Napellus</i> , and other Species .....	541
Renal Calculi .....	168
Rhagades .....	159
Rheumatic Fever, <i>Propylamin</i> in .....	418
<i>Rhododendron</i> , Action and Uses of .....	243
<i>Rhododendron Chrys.</i> .....	242
<i>Rhododendron</i> , To the .....	242
<i>Rhus Tox.</i> Poisoning, Two Cases of	
Salvation Cured by <i>Pilocarpinum</i> .....	540
Salt : Is it a Food ? .....	46
St. Leonard-on-Sea Homœopathic	
Dispensary .....	95
Scalpel, With the .....	429

LEADING AND GENERAL ARTICLES—con-	PAGE
<i>tinued</i> :—	
Scalds, Treatment of .....	412
<i>Silphium Laciniatum</i> , the Compass	
Plant .....	313
Singular Case of Poisoning .....	552
Skin, Cases of Disease of, Cured .....	150
Société Française d'Hygiène .....	190
Spiders' Webs as a Medicine .....	507
Sphygmograph, The New Pocket .....	302
Spiders' Webs as a Remedy in Ague .....	507
"Staffordshire Sentinel," The, on	
Homœopathy .....	323
Tanner Outdone .....	324
<i>Thapsia Garganica</i> , Effects of, on the	
Skin .....	23
The Name, Can we Give it Up ? .....	337
Throat Deafness .....	398
Tonsillitis .....	296
Trance, The Study of .....	89
<i>Trichloracetic Acid</i> a Test for Albu-	
men .....	322
Truth, The Search after .....	438, 484
Tubercles, Bacteria in .....	386
Two Flags, The .....	97
Ulcer, Chronic, Cured by <i>Kali Bich.</i> .....	250
<i>Usnea Barbata</i> .....	514
" in Headache .....	167
Uvula, The Relaxed .....	300
Vaccination, A Necessary Statute .....	283
<i>Variolinum</i> , Proving of .....	166
Veterinary Homœopathy .....	165
Vet-erinary Practice .....	25, 461
<i>Viola Tricolor</i> and its Use in Eczema .....	423
Whately, Archbishop, How he be-	
came a Homœopath .....	158
Wheat Meal Bread .....	411
Winkles, Death through Eating .....	324
With the Scalpel .....	429
Wright's Family, The late Dr. ....	23
Legacy to the London Homœopathic	
Hospital .....	415
List of Subscribers to the London School	
of Homœopathy .....	94
LITERATURE :—	
A Letter to the Medical Acts Com-	
mission .....	81
A Momentous Education Question .....	353
A Treatise on Diseases of the Eye .....	330
Brandt's Treatment of Uterine	
Disease, Prolapsus, etc. ....	370
British Homœopathic Medical	
Directory, 1883 .....	514
Causeries : Uniques Homœopathiques	
Chronic Sore Throat .....	419
Companion to the British Homœo-	
pathic Pharmacopœia of 1870 .....	174
Directory of Homœopathic Physi-	
cians in New England .....	514
Dress : its Sanitary Aspect .....	128
Form of Petition Proposed by Dr.	
Bayes .....	82
Gastein : its Springs and Climate .....	350
Hahnemann as a Medical Philoso-	
pher .....	172
Insanity and its Treatment .....	127
Leucorrhœa : its Concomitant Sym-	
ptoms and its Homœopathic Treat-	
ment .....	327

	PAGE		PAGE
<b>LITERATURE—continued :—</b>		<b>Our Differences</b> .....	329
Materia Medica Pura .....	220	Parasitic Consumption .....	385
Nosodes and High Potencies .....	79	Personalia .....	411, 509
Opinions on Dr. Bayes's Letter and Petition .....	84	Pharmacological Fragments :—	
Ophthalmic Therapeutics .....	277	<i>Aralia Racemosa</i> .....	308
Otis Clapp and Son's Visiting List and Prescription Record .....	80	<i>Aralia Racemosa</i> : its Cough .....	353
Phthisis Pulmonalis .....	466	<i>Cactus Grandiflorus</i> in Heart Disease .....	354
Special Pathology and Diagnostics ..	58	<i>Collinsonia Canadensis</i> .....	392
Supersatinity of the Blood, etc. ....	278	<i>Menyanthes Trifoliata</i> .....	195
The American Homœopathic Phar- macopœia .....	554	<i>Mazereum</i> .....	162
The Chemists' and Druggists' Diary 1882 .....	28	<i>Rhododendron Chryse.</i> .....	242
The Diseases of Infants and Children ..	513	<i>Pilocarpinum</i> , Salivation Cured by .....	540
The Duties of the Hour .....	419	Poisoning, A Singular Case of .....	552
The Homœopathic Physician's Visit- ing List and Pocket Repertory ..	555	Poisoning by Oxalic Acid .....	325
The Human Ear and its Diseases ..	171	Possible Causes of Deafness .....	585
The Licentiatehip in Homœopathy ..	86	Practitioner Wanted at Cape Town ..	465
The Ophthalmoscope .....	174	Programme of the Société Française d'Hygiène .....	190
The Principles of Drug Selection ..	80	Propylamin in Rheumatic Fever .....	418
The Study of Trance, Muscle-Read- ing, etc. ....	222	Proving of <i>Variorinum</i> .....	166
Traité du Nettoyement des Voies Digestives et du Lavage de l'Estomac .....	371	Provings of <i>Syphilinum</i> .....	545
Transactions of the Medical Homœo- pathic Society, Pennsylvania .....	221	Prophylaxis of Hydrophobia .....	233
		Pseudo-Apoplexy .....	300
London Homœopathic Hospital ..32, 124, 233, 281, 321		<b>Quicunque Vult</b> .....	481, 556
Long-standing Case of Viscerous Men- struation Cured by <i>Senecio</i> after the failure of <i>Pulsatilla</i> .....	537	<b>Rattlesnake Poison</b> .....	101
Mechanical Vibration as a Therapeutic Agent .....	349	Relief in Cancer .....	512
Medical Treatment of Cancer .....	16	Remarkable Case of Hiccough .....	503
Meeting of the American Homœopathic Ophthalmological and Otological Society ..	370	Remarks on the Root of <i>Aconitum</i> <i>Napellus</i> , and other Species .....	541
Memorial to a Physician's Wife .....	266	Rhagades .....	159
Menstruation, Case of Long-standing, Cured .....	537	Renal Calculi .....	108
<i>Mercurius</i> in Diabetes Mellitus .....	358		
Mineral Springs of New Zealand .....	215	<b>REPORTS OF INSTITUTIONS :—</b>	
Morphine Poisoning .....	596	Newcastle-on-Tyne Homœopathic Dispensary .....	281
Mr. Lister's Peacock's Feathers .....	78	Bath Homœopathic Hospital .....	181
		Buchanan Ophthalmic and Cottage Hospital .....	231
New Articles—Lime Fruit Syrup .....	405	Devon and Cornwall Homœopathic Dispensary .....	426
Notes by the Way .....	159, 268, 307	Chester Free Homœopathic Dispen- sary .....	526
Notes on <i>Carduus Maries</i> .....	98	Homœopathic Hospital, Melbourne ..	476
Notices of New Inventions .....	362	Liverpool Homœopathic Dispensaries ..	233
1. Dr. Dudgeon's Sphygmograph ..		London School of Homœopathy .....	45
2. Dr. Percy Wilde's Kymograph ..		Melbourne Homœopathic Hospital ..	476
3. Dr. Blake's Oro-Nasal Respirator ..		Nottinghamshire Homœopathic In- stitution .....	130
<b>OBITUARY :—</b>		Oxford Homœopathic Dispensary ..	141
Cronin, Edward, M.D. ....	125		
Gray, John F., M.D., LL.D. ....	368	<b>Rhus Tor. Poisoning, Two Cases of</b> ....	414
Shepherd, Dr. ....	219	<b>Salivation Cured by <i>Pilocarpinum</i></b> .....	540
Whitehead, Thomas Kay, M.D. ....	466	<i>Silphium Laciniatum</i> , the Compass Plant .....	213
		Singular Case of Poisoning .....	552
On a Rare Case of Cardiac Murmur ....	100	Short Notes, Answers to Correspondents, etc. ....47, 95, 143, 191, 239, 286, 335, 383, 431, 479, 527, 567	
On the Physiological Action and Thera- peutic Uses of <i>Rhododendron</i> .....	243	Society for Prevention of Blindness ..	6
On the Viola Tricolor and Its Use in Eczema .....	453	Spiders' Webs as a Medicine .....	507
On White Swellings of the Joints and their Homœopathic Treatment .....	153	Suggested Remedy for Diphtheria .....	511
		<i>Syphilinum</i> , Provings of .....	545
		Sure Death to Fleas and Flies .....	274
		<b>Tanner Outdone</b> .....	324
		Testimonial to Dr. Hastings .....	104, 277
		The Allopathic Tradesmen at their Guild ..	49

	PAGE		PAGE
The Commercial Value of Homœopathic Treatment .....	271	The Two Flags .....	97
The Congress in Edinburgh .....	433	This Year's Homœopathic Congress .....	340
The Deadly Cigarette .....	323	To the Rhododendron .....	242
The Hahnemann Convalescent Home and Dispensary, Bournemouth .....	278	Transactions of the Homœopathic Medical Society of the State of Pennsylvania .....	221
The Hahnemannian Lecture, 1882 .....	415	Trichloracetic Acid a New and Very Sensitive Test for Albumen .....	322
The Hahnemannian Lecturer for 1882 ..	209	<i>Unea Barbata</i> .....	214
The Lamson Case .....	145	<i>Unea Barbata</i> in Headache .....	167
The London School of Homœopathy .....	435	Veterinary Homœopathy .....	165
The Parasitic Origin of Consumption ..	241	Veterinary Practice .....	25, 461
The Relaxed Uvula .....	360	Wheat-Meal Bread .....	411
The Search after Truth .....	438, 484	Whether is Cultivated or Wild Belladonna Better? .....	275
The Session for 1881 of the International Hahnemannian Association .....	76	Wilde's, Dr., Challenge Accepted .....	533
The "Staffordshire Sentinel" on Homœopathy .....	323	With the Scalpel .....	429
The Teaching of the London School of Homœopathy .....	400		
The Treatment of Burns and Scalds ....	412		



THE  
HOMŒOPATHIC WORLD.

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JANUARY 2, 1882.

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JANUARY 1st, 1882.

WITH the new year of grace one thousand eight hundred and eighty-two begins this first number of our SEVENTEENTH VOLUME, and we seize the opportunity to say a few words to our friends, contributors, and readers generally, and also to our friends the enemies.

The well-wishers of the *Homœopathic World* will be glad to know that it is in a prosperous condition all round. It has a large circulation, and is read in all quarters of the globe. But we want to double its circulation at least; we feel our efforts deserve it, and we confidently ask our friends far and wide to aid us in attaining this object. We have no hesitation in saying that the *Homœopathic World* deserves this help from its friends. We ask our colleagues in America to give us a measure of their support; we claim it from our Canadian *confrères*. We are thoroughly appreciated in the West Indies, but we ask our West Indian friends not only to read it themselves, but to recommend the journal to others, and thus to extend our borders. Numbers of our readers dwell in the East; Homœopathy is taking a deep hold of the thoughtful, civilised, and enlightened East Indians, and not a little of this is due to the *Homœopathic World*. We hope our Indian subscribers will do us the pleasure of sending specimen copies of our journal to their acquaintances, and thus secure us new subscribers. In South Africa we have fallen off a little, probably on account of the troubled times in that part of Greater Britain. Will our Africanders give an account of themselves at our publishing office? Our manager will be glad to hear from them. We do well in New Zealand and Australia, but not so well as we could wish. We think a couple of hundred copies at least ought to go to Australia. We ask our Australian brethren to help us. We want more helpers everywhere.

Coming nearer home, we must thank our contributors for



their liberal literary aid, with just one little chiding hint—viz., let us in future have a little less of the polemical and much more of the *practical*. We hope to set an example in this regard. We claim the support of all the homœopaths of Great Britain and Ireland, on the ground of the service rendered and to be rendered by the *Homœopathic World* to the homœopathic cause. Our journal is not the organ of any party, or of any exclusive set or sect; we open our pages to all sides *within Homœopathy*. When we undertook the editorship we gave our programme as being *the law of similars in therapeutics* and the efficacy and homœopathicity of all doses from the matrix substances upwards, and including the high and highest dilutions. We have our own individual proclivities, crotchets, and notions, but they constitute no necessary part of our journalistic position. In all questions that have cropped up we have given the largest measure of liberty of discussion to both sides. For this we have been frequently blamed, many writing to us to give us “a piece of their mind” as to our criminality in inserting this or that. Nevertheless, we do not intend altering our plan. So long as we edit the *Homœopathic World*, so long will it be the organ of free discussion in all matters relating to medical, social, and sanitary science, and not merely the organ of views editorial. We are responsible for all the views expressed in our unsigned articles and for those under our own name; but otherwise we, once for all, decline to be held responsible for the views expressed by our contributors. Our journal is for people who can think and judge, and not for babes and sucklings.

Now a last word for our friends the enemies—viz., for the *allopaths*. We wish to say that we mean *war*, and not peace; we know allopathy, root and branch, and we condemn it as *bad*, altogether *bad*, and pernicious. We will have nothing but war to the bitter end with allopathy, *because it is bad, false in principle, and pernicious in practice*, and we know whereof we write. We ask nothing better from the allopaths than *war*, and the fiercest fighting till they or we kiss the dust. We want no silly compromise, no namby-pamby mixture, no half-and-half principles. Either we are right or we are wrong. If wrong, may God open our eyes to the truth; and, if right, may He—as He surely will—give us the victory. Everywhere He ordains that the fittest shall survive, and in the world of medicine the fittest is Homœopathy. We wish all a happy new year, not excepting our

allopathic *confrères*, for we fight not against individuals, but for Hahnemann's blessed reform. Homœopathy and Allopathy must ever be antagonistic the one against the other, and hence we are not in the least sorry that at the very moment in which we are writing the London College of Physicians are in actual session for the express purpose of anathematising us homœopaths afresh. That the whole proceeding is idiotic is self-evident, and we are pleased not merely thereat, but because it shows where the rub is; and who shall blame these good leeches if they wince when we pinch?

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## DOMESTIC HYGIENE.

By EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S.,

Life Associate of the Sanitary Institute of Great Britain, Membre Associé  
Etranger de la Société Française d'Hygiène.

### I.—WHERE TO SELECT A HOUSE.

A GREAT deal of importance is attached to the nature of the soil on which a house stands. This is not so serious a matter in a town as in the country, because paving and drainage tend to carry away not only surface-water, but that too which lies at a lower level.

We are sometimes asked the question, "Now, doctor, what's the best soil for me to live on?" When we reply to this we should bear in mind a few necessary limitations of the ordinary classic rules. For instance, a great deal of nonsense is talked against clay, and in favour of gravel. We do not hesitate to say that clay may, under certain circumstances, be a vastly better soil to live over than gravel. A very little thought will convince us of this. Let us take, as a convenient example, the gravel-beds of varying width which border certain portions of the Thames. This river-gravel is greatly "cracked up" by speculating builders as being a peculiarly dry and porous soil. It is porous with a vengeance, but it is not dry. The water rises, especially during high tides, even at considerable distances from the river-bed. The gravel strata themselves consist of old river shale, and the water that flows through them is polluted by a hundred miles of sewers received at various points along its winding course. Soakage-water leaves the gravel again with the receding tide, but it leaves its impurities behind. It must be remembered that these patient shores have been for centuries acting as a kind of natural filter-bed.

To turn now to that much-abused subsoil, "a clay bottom," it is notorious that many persons enjoy better health on clay than they can secure anywhere else. This may be partially explained when we call to mind that the essential disadvantage of a clay soil becomes, with certain conditions, its highest recommendation. The impervious nature which will not suffer water to pass downwards is equally potent, after sound surface-drainage has been carried out, in preventing the rise of water or of aqueous vapour when we do not require it.

Chalk is a better soil than low-lying gravel, but it is open to the objection that its water-supply is, unless drawn from the underlying greensand, too hard for health or domestic comfort.

Sand certainly is by far the best soil for human residence; but, in taking a country house on this formation, it is essential, before committing oneself, to ascertain whether the water-supply be constant, because there are frequently great difficulties in that respect.

We sometimes hear experienced persons recommend us to live where the oak flourishes, but to avoid the elm-tree. This of course is based on the elective habit of the former for a light and porous soil, whereas the deeper root of the latter demands a greater depth of soil.

But my readers will exclaim, "You tell us about subsoil; how are we to know the nature of what we cannot see?" In London there is a simple rule for understanding the nature of the local soil. All the land lying north of Marylebone Road and east of Regent Street consists of clay; the rest is either sand or shale. In the provinces the soil problem can be readily solved by purchasing a geologic map of England. These can now be procured from Stanford, of Charing Cross, at a very small cost. The investment will well repay the purchaser.

In deciding the site for a house shall we select the hill-top, the valley, or some point between them? Of course the hill-top would be the driest, but people who are prone to such complaints as neuralgia and catarrh could not stand an exposed position.

If the side of a hill be selected, a dry area carefully sloped away from the well, should be carried round the back and sides. A house which is built against the side of a steep hill is sometimes prone to have smoky chimneys. Sufferers from

asthma or from heart-disease need scarcely be warned against hills.

We often wonder why our forefathers so frequently made their homes in low-lying situations, which we should now pronounce to be damp and unhealthy. There were manifold and excellent reasons, though some of them are very difficult to realise in our day. Amongst these we may remember that the proximity to running water was sought, for more objects than one. Water-carriage probably preceded land-carriage. The river saved the labour both of well-sinking and of sewer construction; the same friendly river provided a feast for Fridays permitted by the Church. A sheltered position rendered the absence of glass less of a calamity, for lattices did duty by day and shutters by night till the fourteenth century. But not only did our prudent forefathers seek to avoid cold, but in troublous times they dreaded conspicuousness as a drawback still more to be deprecated.

No. II., on "How to Select a House," will appear in our February issue.

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### CASE OF CURE BY HYDROCYANIC ACID.

By Dr. JOHN MOORE, of Liverpool.

At the risk of wearying your intelligent readers with my "acidulous cases," I send you another for publication if you deem it worthy of a corner in your monthly journal.

Mr. Henry A., aged 39, of bilious temperament and dark complexion, consulted me on 25th April of this year. I knew him for several years, having attended his parents, who were of the better middle class of society. He is married, of very temperate and regular habits. He has suffered for many weeks from attacks of sickness, in which he throws up all his food. These attacks come on in the evening about two hours after a late dinner or a meat tea, which he has occasionally instead of his dinner. The attack is accompanied by great acidity, and sometimes—not always—is preceded by rising up of quantities of water in the mouth, like waterbrash. Bowels are regular, and he feels pretty well through the day, and follows his usual calling. He has lost a stone weight since the occurrence of these attacks, and feels uneasy in consequence. From the above category of symptoms I feared the existence of organic

disease of the pancreas or duodenum, perhaps incipient cancer. However, I struck out on the acid tack, as acidity was constant and persistent, the three predominant symptoms being vomiting, acidity, and waterbrash, all of which are found in the scanty provings of the *Acid. Hydroc.* Prescribed accordingly No. 1 of the *Acid. Hydroc.*, about a quarter of a drop for a dose every four hours. Patient returned in nine days, stating he had only one or two returns of his sickness (and those he accounted for by irregularities in diet), that he felt greatly better in every respect. To continue medicine. Returned in three weeks, stating that he was quite well, and desired to pay his fee, to which I offered no objection.

It may be asked, Why select this acid in preference to some others? I reply, that this acid has special relation to the duodenum and small intestines, and this sickness seemed to arise from the second stomach or second process of digestion; that the symptoms had not either the throat-burning characteristic of *Oxalic* nor the yellow skin indicative of *Nitric Acid*. Perhaps a vegetable medicine in harmony with the symptoms might have done equally well—say *Bryonia* or *Pulsatilla*, but if I remember the patient had already tried the ordinary medicines, and it must be admitted that a profounder action characterises most of the acids and acid salts than that of the vegetable medicines in chronic affections of the stomach and intestinal canal. It is a nice point, and worthy of our serious attention; when we fail with the vegetables look out amongst the acids and salts.

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## SOCIETY FOR THE PREVENTION OF BLINDNESS.

OUR eminent colleague, Dr. Roth, of London, as treasurer of the Society for the Prevention of Blindness, has concerted with the *Société Française d'Hygiène*, with the view of offering a prize of 2,000 francs for the best essay on the *Prevention of Blindness*, or "*Prophylaxie des Maladies entraînant la Perte de la Vision.*" The following is the programme agreed upon:—

### PART I.

Study of the Causes of Blindness.

A. Hereditary causes, consanguineous marriages, syphilis, and other constitutional diseases.

B. Diseases in infancy and childhood, the various inflammations of the eye.

*C.* Influence of eruptive fevers.

*D.* Period of life from the eighth to the eighteenth year. The school, college, the workshop, wounds and accidents, sympathetic ophthalmia, etc.

*E.* Adult and old age.

*F.* Neglected, bad, and unsuitable treatment of eye diseases by quacks and ignorant or inexperienced medical men, progressive myopia, diathetic, professional, climacteric, and other influences; as, for instance, of various injurious trades, and of poisoning, etc.

## PART II.

An outline of the most practical means for preventing blindness with reference to the various groups of causes mentioned in the first part: (*a*) legislative, (*b*) educational, (*c*) hygienic, (*d*) medical means.

The intending essayists are not restricted to these points, but the above are those to which their special attention is called. Those who may be desirous of competing may obtain particulars from Dr. Roth, 48, Wimpole Street, W.

## CLINICAL LECTURES ON DISEASES OF THE HEART.

By JOHN H. CLARKE, M.D.,

Member of the Royal Medical Society of Edinburgh, Assistant Physician to the London Homœopathic Hospital.

### LECTURE I.—INTRODUCTORY.

Central position of heart, and consequences—Self-compensating power—Remote effects of disease of heart—Limits of auscultation—Rarity of sudden death—Term "heart-disease" too vague—Treatment, homœopathic and "rational"—Fore-word.

IN all warm-blooded animals the heart lies nearly in the centre of the organism. It is the meeting-point between the greater and the lesser circulations. In presiding over the distribution of blood to the economy, it holds the balance between the two great systems of canals, the arterial and the venous. The veins have capacity for three times as much blood as the body contains. It is one of the heart's functions to keep the arteries properly filled, and to prevent the veins retaining more than their due share. The heart is also an emotional centre. It is intimately connected with both the cerebro-spinal and the sympathetic systems of nerves, and it

has ganglia of its own in its walls. It is profoundly influenced by all the emotions. We feel fear, joy, and sorrow, not in our heads, but in our hearts. Nor is this a mere figment of fancy. The emotions have a real effect on the heart, exciting or depressing its action, and, if excessive or long-continued, bringing about actual alteration of its tissues. Lying upon the diaphragm, it is brought into relation with the abdominal viscera, and is influenced by all conditions of the abdomen which impede the action of that muscle.

From these considerations it will be seen on how many sides the heart is exposed to injury, and it will be readily understood how manifold and varied the effects of heart-disease must be. Like other organs, it is liable to disease of its own proper structures, but more than any other organ it suffers when other parts are diseased. The arteries cannot be diseased without the heart being called upon to make extra exertions; the return of blood to the heart is impeded when the veins are unhealthy; affections of the lungs destroy the balance between the two circulations; in weakness of the nervous system the heart feels the want of its usual stimulus and control; all of these affections tend to disorder the heart's action, and, if they are permanent, end in causing alteration in its structures.

The heart is provided, though we do not know how, with a faculty of growing to meet extra demands that are made upon it. If it were not for this, disease of the heart would be much more distressing, and much more rapidly fatal than it is. When once the balance between the calls made upon a heart and its power to meet them was lost, there would be no chance of restoring it, and the patient must die. But this is not the case. As soon as the heart finds labour thrust upon it beyond what it is capable of performing, it at once—in a person otherwise healthy—begins to increase in size and strength, and goes on increasing until it is strong enough to meet the extra demands put upon it. So perfect is this self-compensating power that many persons go through life, and live to an advanced age, with severe heart-disease without being aware of it. The heart has grown to meet the extra call upon it, and has retained the balance of the circulation.

And whilst we are prepared to find affections of the heart brought about by many different and remote causes, we must also be prepared to recognise the effects of diseased heart in remote parts of the body, in appearances which at



first sight appear to have little to do with that organ. I remember being struck with a case of the kind that occurred several years ago whilst I was still an undergraduate. The patient was a relative of my own, an elderly lady, who had for many years suffered from cardiac weakness. At the time of which I speak she had been for a few weeks suffering from ulceration of the dorsa of both feet. The ulcers were small, round, and very irritable. They came suddenly. There was no varicosis. My friend, Dr. G. M. Lowe, was called to see her, and he at once perceived the nature of the case. My own thought was of some outward application. He prescribed *Digitalis* and the same water-dressing that had been applied before, and in a few days the feet were well.

There is as a rule little difficulty in deciding whether or not a heart is diseased. It is not always so easy—indeed it is sometimes quite impossible—to say what particular form of disease exists. Nor can the stethoscope always help us. Great as is the value of auscultation, and it could not well be overrated, we shall be misled if we trust it too implicitly. In those cases of purely functional disorder of the heart in nervous subjects, the stethoscope enables us to exclude valvular disease, from the absence of murmurs, and this with the general symptoms will warrant us in giving the patient the comforting assurance which in most cases is the only remedy required. But valvular disease is not the only disease of the heart, and though murmurs are never absent when there is any considerable disease of the valves, they are often present when the valves are quite sound. With the exception of the præ systolic murmur which is pathognomonic of mitral disease, there is not a *bruit* which may not be heard under certain circumstances in a perfectly sound heart. And conversely, when on listening to a heart we find all the valves acting normally, we must not too confidently pronounce the heart to be healthy. I have under my care at the present time two cases which illustrate both these dangers. In one there is a very distinct *bruit* and no disease, in the other there is no *bruit* and very serious disease. The former is a young man, a painter, who suffers much from palpitation and dyspepsia. In earlier life he was somewhat reckless, and indulged freely in alcoholic drinks and tobacco. Up to that time his health had been very good, and he has never had rheumatism. On examining the chest the cardiac dulness was found to be normal, and all the valves were heard acting normally, until, listening over the pulmonary

artery, a sharp systolic *bruit* was heard replacing the first sound in that region. It was heard nowhere else. On causing him to take a full breath and hold it, the murmur vanished, and the first sound was heard clear and distinct. When he again let out his breath the murmur returned as before. The explanation is this; For some reason or other the edge of the left lung, which usually lies on the pulmonary artery, does not do so in ordinary states of the chest in this instance. Thus deprived of a certain amount of support, the vessel becomes lax and slightly dilated, and it is a law of physics that when a fluid passes through a tube whose calibre is increased or decreased, vibrations are produced which are perceptible as murmurs to the ear. On his taking a full inspiration, the lung expanded, and again covered the vessel, giving it its normal support, and causing the disappearance of the murmur. Had I not been aware of this, I should probably have diagnosed serious valvular disease, and my patient would have been burdened with groundless apprehensions. As it is, his heart is certainly as sound as any other part of the body; and his palpitation has lessened as his digestion has improved under *Bryonia* 3.

The other case illustrates the opposite danger. It is that of an elderly lady suffering from dilated heart. I shall refer to her case more at length later on. She dates her illness from six or seven years ago. During a period of long-continued mental strain and anxiety, combined with the fatigue of nursing a relative, she began to have great cardiac distress—principally a feeling of great fulness at the heart, with palpitation and breathlessness occasionally. She was seen by the doctor in attendance on her sick relative, and he said her heart was quite sound, *as the valves were acting perfectly normally*. This latter was no doubt quite true, for they are so acting at the present day. But a short time after this she was taken ill with bronchitis in another place, and another doctor was called in. He prescribed a medicine—allopathic, what it was I do not know—which had the effect of making her very ill, and when the doctor next saw her, he asked, "*Why did you not tell me you had a weak heart?*" She said she could not well do that as she did not know it, having been assured lately that it was healthy. He altered his prescription, and she recovered, but with her cardiac symptoms intensified, and her powers of exertion much impaired. It is impossible now to say what were the other physical signs at the time of the first examination

besides those afforded by the closure of the valves, but in any case the general symptoms should have suggested the possibility of there being disease of the heart's walls, and have led to a much more guarded diagnosis. The stethoscope is an immense acquisition to our means of exploring the heart, but if we cannot judge rightly the information it brings us, or if we pay too much regard to its story, to the exclusion of the evidence of other witnesses in the case, we shall often be led into grave error.

Heart-disease rarely terminates in sudden death. The deep-rooted popular conception is directly opposed to this. In the popular mind the two ideas of heart-disease and sudden death are inseparably connected. This widespread notion constitutes not the least of the difficulties we encounter in dealing with patients who are subjects of heart-disease. It is sometimes all but impossible to tell patients the truth about themselves, without at the same time filling them with apprehensions far beyond what their actual condition warrants. And yet, to convince ourselves how rare it is for heart-disease to end in sudden death, we have only to glance over our past experience, and see how few of all the cases of this disease which we have followed to their end have terminated in this way. But it is not difficult to find the origin of the popular idea. There is still a strong tendency amongst medical men—witness the coroners' courts—to ascribe all cases of sudden collapse of which the cause is not apparent to that convenient term "heart-disease" or "syncope of the heart." And if this is so now, when pathology is so far advanced, what must it have been in former days, when nosological terms covered a much wider field than they do now, and when the methods of diagnosis were far less exact than those we now possess? There can be little doubt that many a death ascribed to heart-disease has been really due to epilepsy, apoplexy, or some other undiscovered or undiscoverable cause. Aneurism rupturing internally is responsible for many deaths certified in past and present days as due to heart-disease. It may be urged that aneurism is always accompanied and complicated by heart-disease. And this is true, but it is not the disease of the heart that causes the rupture of the vessel, but the disease of the vessel's own walls, and now we have the means of distinguishing between the two diseases there is no need for the one to bear the ill-fame of the other. There is no need for a patient who has mitral disease to bear about with him the dread that attaches to aneurism in addition to his

other discomforts. If we could eliminate from the past records of sudden deaths returned as due to heart-disease all those which should by right be ascribed to one or other of the above-named diseases, we should find a much less formidable array, and the public mind would be disilluminated of one of its most oppressive phantoms. It is true some diseases of the heart do end suddenly. It is also true that these contribute no inconsiderable quota to the sum of sudden deaths. But when we consider the vast numbers of persons who suffer from heart-disease of one form or another, and who die of other diseases, or decline gradually, we are fully justified in saying that it is rare for heart-disease to end in sudden death. And there is heart-disease and heart-disease.

It is high time that vague term was banished from certificates of death. Considering the number and variety of diseases that may affect the organ, it is only right that the particular form should, when possible, be specified. It would be just as reasonable to be satisfied with the term "lung-disease" as a sufficient return in cases of death due to pulmonary affections of all kinds, as it is to be content with "heart-disease" in cases of death from all heart disorders. Very few medical men would compromise their reputation by writing down the former, whilst the latter is written, without the smallest compunction, every day. Every form of heart-disease has its own peculiar risks and dangers, and now that we are able to diagnose the greater number of them from each other there is no reason why each one should be saddled with the opprobrium that belongs to the aggregate.

Another very common and quite as erroneous idea is that diseases of the heart are beyond the range of treatment. This is happily very far from the truth. Many cardiac disorders are perfectly curable, and most can be relieved by medicines, life thereby being raised from one of helpless suffering to one of activity and comfort. Of the efficiency of homœopathic treatment in this class of diseases, the cases I shall narrate below will be sufficient evidence. Its superiority over all other methods of treatment is evident whenever a comparison is instituted. The most successful bits of practice in the old school therapeutics were discovered empirically, or have been adopted from Homœopathy. The former is true of *Digitalis*. An attempt has been made of late to establish the use of this drug in dilated and weakened hearts on a scientific and rational basis,<sup>1</sup> but not with great success.

<sup>1</sup> Pharmacology and Therapeutics. By T. Lander Brunton, M.D. Page 125 *et seq.*

According to Dr. Brunton, the essential action of *Digitalis* on the heart is slowing, and strengthening of its contractions. He fails, however, to account for the opposite effect which is frequently produced when given to healthy persons. It does strengthen a weak and dilated heart, and render its irregular contractions regular, but after a time, if given continuously in moderately large doses, the opposite effects ensue, the pulsations become weaker and less regular. If the strengthening power of *Digitalis* were a true addition of strength, why should it weaken after a time? And if it is only a stimulant, why is it better than other stimulants—as, for instance, alcohol? These points have yet to be explained before the use of *Digitalis* in heart-disease can be claimed as a pure fruit of rational medicine. On the other hand, it is established that it is a powerful cardiac poison, and is equally a powerful cardiac medicine when used on the principle of *similia similibus curantur*.

We are also told by Dr. Brunton (p. 129) that when the intermissions are long and danger threatening, this may be averted by a free use of *Atropia*, which *paralyses the ends of the vagus in the heart*, and no amount of stimulation of the nerve can then stop the pulse. The same drug is also useful in irritable heart, as it *paralyses the sensory nerves* of the heart. This may be rational treatment. It may commend itself to reasonable and scientific minds that when one part of an organ is weak the correct practice is to weaken or paralyse some other part to restore the equilibrium. It may be rational treatment to recommend (as I heard of a case a short time ago) a somewhat bulky patient, whose heart was pronounced “too weak for the rest of his body,” to reduce the rest of his body to a companionable state of weakness to the afflicted organ. But where is this rational treatment to end? Shall we not be hearing of hemiplegics being recommended to have themselves trephined and the corresponding paralysis of the other side induced, now that we know exactly how and where to do it? Paraplegic patients will scarcely be satisfied to have their arms taking undue predominance of their lower extremities. Happily Homœopathy can dispense with all such rational and scientific methods of restoring equilibrium.

In the following papers I propose to give the sum of my experience in diseases of this class, giving cases in detail where the interest, and my notes, are sufficient, thinking it may be of value to others as well as to myself. The

first impulse in studies of this kind I owe to Dr. George Balfour, of Edinburgh, who is well known as an authority in cardiac disease, and in whose wards I had the privilege of clerking. I have called these papers "Clinical Lectures" not because they were ever delivered to a class, but because that title best indicates their substance. It is not a treatise with any pretension to completeness, but a record of clinical experience, arranged to serve as a help, and, it may be, a warning, to fellow-travellers along the path of daily practice.

15, St. George's Terrace, Gloucester Road, S.W.,  
December, 1881.

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## HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

No people in the world are more *Surewd*, none have a keener or more rapid insight into that which is for their advantage, than have the Americans. It is interesting, then, to ascertain how the homœopathic method of treating disease is regarded by such a nation.

Introduced into New York by a Dutch physician, Dr. Gramm, in 1826, whose first convert, Dr. Gray, still lives and practises in the city, the progress of Homœopathy has, during the last forty years especially, testified to the esteem in which it is held in every part of the Union.

In 1840 there were scarcely 100 medical men practising Homœopathy; in 1850 there were 500; in 1860, 2,000; in 1870, 3,500; and in 1880 there were upwards of 6,000. There are, then, sixty times as many homœopathic physicians in the United States as there were forty years ago.

The first State Homœopathic Medical Society was organised in Massachussetts in 1840, and was incorporated by the State Legislature in 1856. There are now twenty-six State Societies, of which seventeen have received Acts of Incorporation from the Legislature. There are, besides, more than one hundred local Homœopathic Medical Societies in the various cities, towns, and counties of the country.

The first Homœopathic Hospital was opened at Pittsburg, in 1866. There are now thirty-seven other hospitals under homœopathic direction, providing 1,800 beds, and taking charge of 15,000 patients annually. The mortality in these institutions is under 3 per cent.

There are, in addition, a number of private dispensaries, and about forty of a public character, relieving 100,000 patients annually.

In 1835 an institution was opened at Allentown, in Pennsylvania, for the purpose of giving a complete medical education, examining students, and conferring a diploma entitling to practise. In a few years, however, it was obliged to close its doors for lack of funds. In 1848 the Homœopathic Medical College of Pennsylvania received a charter from the State legislature, empowering its trustees and faculty to educate and grant the degree of M.D. to such candidates as, having passed through a full curriculum of medical study, had by examination been found qualified to receive the diploma. Since that date eight similar colleges have been incorporated by the legislature of the States in which they are situated. Further, in three Universities, those of Boston, Michigan, and Iowa, Homœopathy is regularly taught. In the first the medical faculty consists of homœopathic physicians exclusively; in those of Michigan and Iowa there is a special department for the teaching of the practice of Medicine, of Surgery (so far as it is influenced by medicine), and Materia Medica, from a homœopathic point of view.

Of homœopathic medical journals there are seventeen, of which the *North American Journal of Homœopathy* is the oldest, and for thirty years has appeared regularly every quarter.

Finally, a Homœopathic Mutual Life Assurance Company has been in active operation for thirteen years. The feature of this institution is, that lower premiums are accepted from insurers who undertake to adhere to homœopathic treatment during illness than from others. The success of this institution is a proof of the reality of the advantages claimed for Homœopathy by its practitioners, as it is also of the widely-spread confidence entertained for it by the public in the States.

The mortuary experience of this office from July 18, 1868, to October 31, 1878, presents the following results:—

Total No.  
of Policies  
issued.

Mortality.

8,332 . . .	Homœopathic, 112; or 1 in 74.
2,360 . . .	Non-Homœopathic, 75; or 1 in 31.
—	By Accident, Violence, etc., 16.



Such, then, is the present position of Homœopathy in the United States of America. Submitted to the test of such epidemic diseases as cholera and yellow fever, of such frequent endemic diseases as infantile cholera and diphtheria, and of acute inflammations, commonly occurring and severe in type, Homœopathy has been recognised with comparative rapidity by the intelligent classes of the States as diminishing the duration of illness, and rendering essential service in the prolongation of life. Hence all have been interested in seeing that it should be carefully taught, earnestly advocated, and brought prominently forward.

The truth of Homœopathy has in the United States been felt to be great, and it has largely prevailed.

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## THE MEDICINAL TREATMENT OF CANCER.

By C. RANSFORD, M.D., F.R.C.P., L.R.C.S.

INCLUDED in all the varieties of Carcinoma referred to in the somewhat fanciful name of Cancer, I shall mention in this communication other malignant ulcerations deemed incurable by most allopathic practitioners; but I make this remark merely to clear myself from the imputation which may be brought against me, that one or more of the cases related are not cancerous. It is not my intention to discuss the pathology of these cases, because a lengthened experience gained in British and continental hospitals, and from the labours of talented colleagues in allopathic as well as homœopathic institutions, and my own observations during a practice of fifty years amongst all ranks and both sexes, lead me to the conclusion that these varieties and forms change and run into each other. Let my readers, then, understand that all are *malignant* that I relate; some curable in their early stage, others admitting only of palliation.

The case published in the September number of your valuable serial would probably have been cured had it been brought earlier under fit treatment. *Silicia* 12 and *Conium*  $\phi$  were attended by very beneficial results, but the cancerous dyscrasia had too long existed. Despite these serious drawbacks, and the co-existence of pleuro-pneumonia, the poor sufferer's discomfort was diminished and her life prolonged. It is scarcely necessary to state that the totality of the symptoms must determine the choice of the remedy. I hold very

strongly an opinion that the different tissues affected—the mucous, serous, glandular, or fibrous, etc., require different medicines for apparently the same disease, such as either *Hydrastes*, *Arsenicum*, *Belladonna*, *Kali Bichrom.*, *Graphites*, and others which the physician will remember. For example, carcinoma of the uterus, or of the lip, or of the scrotum—these cannot be successfully treated by one and the same medicine, but each organ and tissue must have that specific remedy which acts the best upon the particular tissue, be it fibrous, glandular, mucous, or serous. I now act upon this principle rather than confine myself to one medicine even of repute in malignant disease to all tissues alike.

I will here relate a case of lupus exedens, or phagedenic ulceration, as some called it. The subject was a gentleman eighty years of age, who had passed the greater part of his life in the Indian civil service. With the exception of two attacks of Asiatic cholera, his health had been good. I first saw him at Upper Norwood, in 1862, suffering from dysenteric diarrhœa, from which he made a good recovery; but some weeks afterwards he complained of acute pain in the right nostril, with ulceration and a fœtid discharge. No adequate cause could be assigned for its existence. The pain was often so violent as to make the patient groan. Much disfigurement was caused by the destruction of the nostril. I suggested another opinion, as the phagedenic ulceration was extending upwards, and his health suffering from want of sleep. Sir James Paget saw the case, but only suggested keeping the parts clean. An old friend of his, Dr. Sander-ton, who had treated my patient in India (allopathically), met me in consultation. He was of Sir James Paget's opinion, that nothing could be done in the way of cure. Again thrown upon my own resources, I prescribed *Kali Bich. 3*, and the same remedy to be sprayed upon the nostrils. The result was most gratifying. Within a few days the ulcerative action was checked, pain and discharge ceased. At my request Sir James Paget again saw the case, and allowed it to be cured. The old gentleman lived for several months after this, and at length died of peripneumonia. This case showed in an unmistakable manner the beneficial effects of *Kali Bich. 3*.

Mr. James Moore, M.R.C.V.S., a very successful practitioner, has had equally good results with cattle in similar affections. I now never pronounce cancer nor malignant ulceration incurable under homœopathic treatment. Much

more might be done were each practitioner to publish his cases, whether successful or not; with the medicines and their dilutions used, much more good might be done. One specific for all is Utopian. Collect the totality of the symptoms, prescribe the medicines the most allied to this totality, and by God's blessing I believe that much more may be done for the cure, or greater relief be afforded the sufferer, than is generally believed. I forbid the knife, escharotics, and irritating applications. As a rule, stimulants are hurtful. We must bear in mind that there are many varieties of Cancer and malignant ulceration. I do not suppose that any one will dispute the necessity of removing the cancerous dyscrasia in order to effect a cure. To this end our efforts must be directed, but it is impossible to indicate a general treatment of Cancer. For many cases the symptoms are the only guide to the selection of remedies even for palliative purposes only.

It is believed by many that rupia and eczema are frequently forerunners of malignant ulceration. Two fatal cases commencing in the nipple as rupia extended to the mammary gland, but soon assumed a malignant aspect, over which *Hydrastis* had no power. Death was the result of hæmorrhage and exhaustion.

Fifty years ago, whilst a dresser in the Bristol Infirmary, I had charge of an old man with epithelial cancer of the lower lip, commencing as a small hard spot, then becoming a scabby ulcer, attended with great pain. *Arsenic*, in the shape of Fowler's solution, was of some service, but as the poor man's sufferings were great for many months, excision was practised, the only result of which was a quicker termination of his life.

My conclusions are these: Make an early diagnosis, careful selection of remedies, and avoid all irritating applications, for Cancer will *never* yield to local applications. Many non-malignant tumours and ulcerations do so yield, but Cancer *never* does; in fact my experience leads me to the conclusion that it is far better to leave Cancer alone than to apply anything if not of a specific nature.

A cure is scarcely possible where the knife has been used. No Scirrhus nor Cancer has ever been cured by an operation, and when such a cure is said to have been effected, the operator mistook a simple glandular swelling for a scirrhus induration.

One case under my observation was of an elderly lady, the

mother of two children. She suffered long from carcinoma of the neck and body of the uterus. She was under able Allopathic practitioners. There was this peculiarity. No pain existed, but a continuous foetid discharge, which only carbolic acid corrected. In this case Chian turpentine availed nothing. Of this much-vaunted remedy the physicians in the Cancer wards of the Middlesex Hospital speak unfavourably. I have not used it, and cannot report upon it. The one chief point in treating any one of these malignant diseases is to do so *early*, and upon homœopathic principles; and were each practitioner to publish his cases, we might hope for some good results, leaving to quacks what none others will believe, that Cancer is an easily managed disease.

55, Kirkdale, Upper Sydenham.

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## A HAIR OF THE DOG THAT BIT.

By DR. THEOBALD.

THIS old proverb has often been quoted as equivalent to the homœopathic law, *similia similibus curantur*. It is not precisely the same, but it has sufficient analogy to be serviceable, as bringing the law of Homœopathy within speaking distance of other laws which the experience and sagacity of men have discovered. The aim of medical art is not to give exactly the same virus that has caused a disease, but to find some agent that will produce conditions as nearly as possible resembling those under treatment. But it is evident that this is a vague law, inasmuch as it suggests degrees of resemblance, and it does not define the amount of resemblance necessary in order to produce cure.

But as the homœopathic law plainly indicates the fact that any substance whatever that causes disease is capable of curing it, the question arises whether the products of disease itself may not be useful in healing. And in this case the homœopathic law is not likely to be merged into the law of identity. For no two specimens of virus, certainly in the human subject, are exactly alike. For instance, although no disease is more self-similar than small-pox, yet the peculiarities of individual cases of small-pox are so various that it is impossible to find two cases that resemble one another in every particular. But as the lymph or pus which is produced is the product not of any impersonal generator of

small-pox, but of the particular case from which it is derived, so it must contain the special characteristics of that case, and in so far it must differ from all other specimens of the same virus. Therefore, if there is any way of using medically the secretions of a small-pox pustule, it may be regarded as isopathic only to the patient from whom it comes, and homœopathic to every other case of small-pox. And it is found by experience that the triturated and attenuated virus of small-pox may be used with great advantage in the treatment of that disease.

It is obvious that this use of the *materies morbi* opens up a wide field for experiment, and that we have a right to expect very powerful medicinal agents. And, in fact, a large number of valuable specifics have been introduced in accordance with this idea. These medicines are called nosodes. At present we know a little about the action of the following:—*Anthracin*, *Diphtherin*, *Furcin*, *Glanderin*, *Hydrophobin*, *Medorrhinum*, *Melitagrinum*, *Morbillin*, *Ozaenin*, *Psorin*, *Psoriasin*, *Scirrhin*, *Sycosin*, *Syphilinum*, *Tuberculinum*, *Ulcerrinum*, *Vaccinin*, and *Variolin*. There are, I believe, one or two more, but this list will sufficiently indicate the ground occupied in medicine by the nosodes. Of one of these my experience has been now pretty considerable, extending over rather more than a year, and I am desirous of recording one or two facts bearing on the application of this special nosode for the readers of the *Homœopathic World*.

The nosode to which I refer has been named by the rather inharmonious name *Melitagrinum*. It is really the secretions—pus, lymph, and blood—derived from a severe case of *Crusta lactea*, or milk crust. I believe it was originally prepared by Dr. Skinner, of Liverpool, a skilful and earnest homœopath, who, if he would devote himself to the practical part of Homœopathy and refrain from polemics, might render useful service to medical art. Dr. Skinner took the discharges from a bad case of *crusta lactea*, developed them into medicines by trituration and attenuation while they were yet fresh, and has carried the attenuation up to the usual transcendental elevations, which the most advanced Hahnemannians regard as the most potent form in which curative agents can be administered.

My first experience in *Melitagrinum* was June 22nd, 1880. Ralph B—, aged eighteen months, was brought to me with *crusta lactea* on the whole of the left side of the face, extending into the scalp and behind the ears. It was a well-

marked and severe case. At night there was considerable itching, and the efforts of the child to relieve the irritation by scratching caused bleeding and increased ulceration. I gave the child one dose of *Melitagrinum* CM.

July 2nd.—The child was brought to me with nearly every trace of eruption removed. The mother reports that two days after her last visit the child seemed very much worse. The head was greatly swollen; a red rash appeared all over the body, with thick elevations like nettle-rash; the itching was excessive; the child tore herself violently, and caused great bleeding; the nightdress as well as the hands were largely soiled by the bleeding and discharges. This lasted for about twenty-four hours, and disappeared the next day. After that, the eruption quickly disappeared, and now (July 2nd) the child is in better health, fatter, and with good appetite. I did not repeat the medicine. The mother expressed astonishment at the "magical" result.

On July 9th the report is:—Very much better; skin healed and nearly dry; desquamation advancing. On 16th, one spot on the shoulder remained, and a bleeding, scabby spot in part of the left ear. I did not, however, repeat the medicine, and both in the following December and last April I had information that the child remains perfectly well, and free from skin disease.

Another case. Charlotte Emily H., aged two and a half years. On February 5th, 1881, the report is:—Crusta lactea; very much bleeding, suppuration, and soreness over the right cheek, on and behind the ears, on the occiput, left shoulder, and chest. I gave one dose of *Melitagrinum* CM.

February 11th.—Looks better, drier, but much itching on the right side, and the skin of the chest discharges freely. *Graphites* CC one dose.

February 18th.—Eruption drier, left shoulder well, but right shoulder now has eruption. Very much itching. *Melitagrinum* CM, one dose. One more dose of *Melitagrinum* was given on February 25th, and on March 11th the report is:—Quite well, skin healed, and scabs separated. But this was not so clean a case. On May 13th the child was brought to me again with pustular eruptions about the hand. She had had from her mother *Sulphur* 6 for constipation. I gave on 17th *Vaccinin* CM. On May 20th, very much better; no medicine given.

June 3rd.—Very much itching, especially at night; on face more than body. *Graphites* CC, one dose.

June 17.—Very passionate in temper, and very much itching. *Lycopodium* CC.

July 1st.—Better; has had diarrhœa, whitish and liquid. No medicine.

July 25th.—*Silicea* CC.

August 19th.—*Peorin* CC; and the child has continued well.

A sister of the above had similar eruptions, and for the most part the treatment of the two was parallel. Both were cured. In these cases there was a great deal of scrofulous taint, inherited, and the use of anti-psoric medicines was necessary; but they were always given in single doses, with sufficient pauses to allow the medicine to act.

The next case was also a complicated one. Laura C., aged two years.

March 11th, 1881.—Ophthalmia of the right eye; great photophobia. Scabby and moist eruption behind both ears, with deep ulceration behind the left ear. *Graphites* 30. Three doses at intervals of an hour.

March 18th.—Eyes still intolerant of light; much discharge behind ears. *Belladonna* 30 for one day.

April 1st.—Eyes improving; ears discharge very much. *Melitagrinum* CM, one dose.

April 9th.—Very great improvement; skin healing, general health better; but still photophobia. Eruption of pustular character, about the fingers and on the back. *Sulphur* CC, one dose.

April 23rd.—Much better; skin healing; eye better. *Melitagrinum* CM, one dose.

April 30th.—Skin nearly well. Still cannot bear light; appetite failing. *Calcarea* CC to-day.

No other medicine was given, except one dose of *Apis* on May 7th; and the child gradually but steadily improved, and is now well.

I have used *Melitagrinum* in other cases of vesicular and pustular eruptions. It has almost invariably helped in the cure of eczema when given in the early stages. I have become accustomed to rely on it as one of the most valuable remedies in the treatment of these skin affections, which are often so obstinate.

30, Finsbury Pavement, E.C.

## THE EFFECTS OF THAPSIA GARGANICA ON THE SKIN.

THE allopaths occasionally make unwittingly a contribution to scientific medicine. Thus, in a late number, the *Lancet* tells us of the

### PSEUDO-ERYSIPELAS FROM THAPSIA.

Two cases in which an eruption on the face was produced by the application to the chest of a plaster made from the root of *Thapsia garganica* have been recorded by Comby. These plasters are a popular remedy in France. A local irritant effect is produced in a few hours, and the next day myriads of small vesicles and pustules are produced at the spot and in its vicinity, the skin between them being bright red. In one of the cases described there was also, when the plaster was removed, swelling of the face, which rapidly increased to such a degree as to close the eyes, and on the reddened skin vesicles and bullæ appeared. There was no fever or enlargement of the glands, and the eruption gradually subsided. In the other case two plasters had been applied to the chest, and a very similar eruption appeared on the face, which ran a similar course. The eruption appeared simultaneously in all the parts affected, and did not spread as does erysipelas.

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## THE LATE DR. WRIGHT'S FAMILY.

WE call attention to an effort now being made to come to the aid of the family of the late Dr. Wright, formerly of Birkenhead. Dr. Moore, of Liverpool, who is always to the fore in good works, is collecting money (see *Wright Fund* in another part of this journal) with the view of aiding Mrs. Wright and Miss Wright in their present efforts to establish a school in the neighbourhood of Liverpool. Or, rather, it is already established, but some extraneous pecuniary aid is absolutely needful to render its success possible.

We can speak of the worth of the late Dr. Wright of our own knowledge, and commend this undertaking to our readers. Poor Dr. Wright held lofty views of our noble profession, and was ever and always ready to succour the needy. He was generous to a fault, and when patients came and said they could not pay his bill, he was wont to reply,



"Never mind the bill, how are you?" His love of children and his tender-heartedness were great. We know of a case in point. A child under his care died of diphtheria, and he, the loving physician, went to weep over its little body; he followed it to the grave, and mingled his tears with the handful of earth as it fell—"dust to dust."

Money he did save, for he was a successful practitioner; but, in the guileless goodness of his heart, he confided it to another, and for another's benefit, and all was lost.

His widow and daughter were brought up in ease, elegance, and comfort, and it is now asked in their behalf merely that they should be accorded the means of earning an honest livelihood in the only manner possible to them.

We ask every one of our professional readers to send at least a guinea towards the *Wright Fund* to Dr. John Moore, 51, Canning Street, Liverpool.

We number some wealthy laymen amongst our readers; we have no claim upon them at all, and ask them for nothing, but if they are desirous of doing a generous deed by helping the relict of a departed and much-respected homœopathic physician, the opportunity is now given to them. At least One will see what they do.

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## CONTRIBUTION TO THE PATHOGENESIS OF CUNDURANGO.

By J. C. BURNETT, M.D.

WHEN I proved *Cundurango* I had a good many cutaneous manifestations, notably indolent pustules. This effect of *Cundurango* is now confirmed and extended by the observations of Dr. J. E. Guntz. This physician found that about two per cent. of those to whom he exhibited *Cundurango* had an acne-like cutaneous eruption (*Vierteljahrschrift für Dermatologie*, 1880). He also observed that of one thousand patients who were taking a strong decoction of *Cundurango* for syphilis twenty of them got furuncles from its use. Thus *Cundurango* must be added to our list of drugs capable of producing furunculosis. Colleagues would do well to add this little pathogenetic fact to their *Materia Medica Pura*. A characteristic indication (repeatedly verified) for *Cundurango* is "cracks in the corner of the mouth," and it has done good service in the most severe forms of dyspepsia with

that symptom. However, it is to be noted that *Cundurango* is no good when said commissural cracks are due to patients wearing a set of teeth too large for their mouths (!), which is a by no means uncommon occurrence.

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## VETERINARY PRACTICE.

By EDWARD THOMAS, Esq.

### Case of "Red Mange" cured by Fluoric Acid.

On the 5th of last June I was asked to prescribe for "Percy," a favourite "Spitz" dog, suffering from a skin disease which had obstinately baffled all the skill of an allopathic veterinary surgeon of good repute for three years, in addition to which an amateur homœopath, who for years has taken deep interest in the homœopathic treatment of domestic animals, had prescribed for it for about two months without effect.

The dog was fat—indeed, shapeless—looking as though a cord had been tightly drawn round the body close to the shoulders, and another just above the loins, causing a bulgy appearance of the body. The folds of skin about the neck, shoulders, and thighs were considerably ulcerated. Large patches of the body were hairless and perfectly black.

I prescribed *Sepia* 6 every morning for a month, at the end of which there was no improvement. Then remembering a note to p. 283 of Hale's "New Remedies," third edition, to the effect that *Juglans Cinerea* is curative and homœopathic to the whole range of skin diseases from simple erythema to pemphigus, I tried *Jug. Cin.* 1 for a month also, but without any apparent benefit.

I then remembered some cases of baldness cured by one of our ablest doctors with *Acid. Fluoric.* And baldness, or rather large patches entirely denuded of hair, being a very prominent symptom, I decided to try it, and gave twenty-four powders, each containing one drop of *Acid. Fluoric.* 6; a powder to be given every morning for six days, miss a day, and resume until all were taken. On the 17th September the dog was again brought to me completely covered with beautiful soft white hair; not an ulcer or a bit of discoloured skin to be found on careful examination. There was still considerable irritation, as shown by scratching about the neck, and the bulged shape of the body was not improved.

For the irritation I gave a single one-drop powder of *Rhus* 15, followed by powders of *Sacch. Lact.* on eleven successive mornings. Then a powder of *Lycopodium* 30, also followed by eleven *Sacch. Lact.* powders. At the end of October "Percy" was again brought to me. The scratching so little as not to be noticed, and the shape of his body to all appearance faultless. I find I have omitted to say that at first, June 5, I ordered his diet to be raw lean meat and biscuit.

I have called the complaint "Red Mange" for want of a more precise name; possibly it would be an eczema.

16, Pepper Street, Chester, December 1st, 1881.

## LITERATURE.

### SPECIAL PATHOLOGY AND DIAGNOSTICS.<sup>1</sup>

THE preface to this great work is significant. Dr. Raue says: "The first edition had become old; it needed renovation. The pathological views had changed so grievously since its appearance, that a restatement of the same throughout the work became a necessity." A severe critic might say, "Well, but if the pathological views had so grievously changed, the *same* did not need a restatement, but rather the *changed* ones substituted for them." But this is not the point we want to bring out. The next sentence contains it—viz., "Not so, however, the therapeutic hints. *They are as true to-day as they were when written years ago,*" etc. Just so; the therapeutic hints are the outcome of experience, whereof our great therapeutic LAW is the basis; whereas the pathology is a few empiric scraps and a load of hypothesis and speculation. It is the old story.

The diseases of the brain come first in point of order, and cerebral anæmia occupies the first position there. We are informed, on page 34, that in anæmia of the brain the symptoms differ, but *all* are characterised by a *great paleness* of the face. But on the next page, where our author refers to "anæmia consequent upon summer complaint"—the hydrocephaloid of Marshall Hall—we read that in the

<sup>1</sup> Special Pathology and Diagnostics, with Therapeutic Hints. By C. G. Raue, M.D. Second edition, rewritten and enlarged. New York and Philadelphia: Boericke and Tafel. London: Triebner and Co., and the Homœopathic Publishing Company. 1882.

irritable form "*the face looks red.*" Hence it must follow that either the face is red in some cases of cerebral anæmia, or "*the anæmia consequent upon summer complaint*" is *hyperæmia*.

The first *therapeutic hint* is this: "In the first place, where the patient suffers with general anæmia, we ought to provide for him a diet which will best supply the lost vital fluids. Especially in summer complaint, wine and mutton-chops often do more than medicine. Beef-tea, which principally consists of potassa combinations, produces, according to Pflüger's experiments, in small doses an increase in the frequency and force of cardiac contractions; in large doses it acts as a poison, causing death by apparent paralysis of the heart. It ought to be used, therefore, with caution." How many, may we ask, have suffered and died of "plenty of beef-tea to keep the strength up"? Our author might have added that beef-tea contains also *urea*.

*Ferrum* finds here no place in the treatment of cerebral anæmia, but it is nevertheless a chief remedy therein, and moreover it is homœopathic thereto, for the ultimate outcome of chronic ferric poisoning is *anæmia*. The first action of iron is a flush of the blood mass, a *hyperæmia*, an active congestion; go on steadily with it long enough, and *anæmia* surely follows. But we must break off here, lest we wander away into the great question of the *modus operandi remediumorum*. We have no desire to do that now, rather let us keep to our review of "Raue's Pathology."

Raue's therapeutic hints for cerebral *hyperæmia* are of a very high order, and up to date.

We now come to *Vertigo*, and we rather like Raue's definition: "Vertigo, then, we should say, is the sensation of an actual commotion of the blood within the cranial cavity," but whether *all* its varieties—*hyperæmic*, *anæmic*, *nervous*, *toxic*, *epileptic*, *stomachic*, *psychic*, *otic*—can really be brought under it we very much question. Here the therapeutic hints are most exhaustive; indeed, so they are almost all through the book.

On page 62 we read, "Metastatic Meningitis." If Dr. Raue means *metastatic* as a new form for "metastatic," he will be all alone in his scholarship. We hoped it was a misprint, but the index gives "Metastatic" parotitis, and hence we are afraid our author is the father, or godfather, of this bastard word-formation. Every man who adds a bastard word to our nosological nomenclature deserves very severe handling.

Sometimes it is as unavoidable as the word "cablegram" in daily life, but here there is no excuse whatever.

But these are, after all, trifling matters. "Raue's Pathology" is emphatically a work of very high order, a storehouse in which the indefatigable author has garnered the principal facts of medicine, whether pathological, diagnostic, or therapeutic. We used the first edition years ago; in future we shall use the new one. It contains 1,072 pages.

### THE CHEMISTS' AND DRUGGISTS' DIARY, 1882.

We have in years past favourably noticed this excellent publication, and we do so again this year. The amount of useful and needful information which it contains is very great, and pharmaceutical chemists can, we should think, hardly afford to be without it. We cannot refrain from quoting the advice it gives to chemists on

#### "BOOKS.

"Nothing at all but conservatism prevents chemists from generally setting apart a corner of their counter space to a carefully-chosen selection of works, for which their shops would soon be recognised as the proper place. The class of books which we suggest are, as a rule, never in the stock of a country bookseller, and are not bought by the public, for the simple reason that they are not seen. The experiment need not be a costly one, for £5 worth of books would make a handsome show, and a not insignificant variety might be brought together for a single sovereign at a start. Even if not a single book were sold the holder might probably get enough good interest for his money, indirectly, by reading them himself.

"All books relating to popular medicine and sanitation, and to elementary science, fairly belong to the chemist's province. So long as he confines himself to these, and does not wander into the desert of fiction and general literature, his customers will not look on these books as pothunter's baits, thrown out to catch stray sixpences. They will rather consider them as well intentioned efforts to spread useful knowledge.

"The chemist would certainly do well to master the contents of the books he sells. His training in science will make quite plain to him many things which would prove difficulties to ordinary readers. We almost think he had better leave

the trade alone than let his customers find that he knows less about such things than they do.

"The chemist's stock should, we think, consist of a selection of low-priced books on popular medicine, homœopathy, hygiene, and elementary science, and a good collection of prospectuses and lists of more expensive works. To keep up a good stock of these latter articles, he should watch the publishers' and reviewers' columns of different newspapers, and apply to the publishers for prospectuses. It would not be difficult in this way to form such relations with the book trade as would ensure a constant supply of announcements of all new books in these classes.

"The selection of the books to be kept in stock is a more delicate matter. The chemist must expect to create a demand rather than to supply one which already exists. We mention below several works and series as specimens of what might be suitable:—Macmillan's Science Primers, sold at 1s. each; Ward and Lock's Long Life series, sold at 1s. each, comprising works on the throat, the eyesight, the skin, the mouth and the teeth, and others. Another 1s. series, published by Renshaw, such as 'Food,' by Dr. Bernays, 'Health and Occupation,' by Dr. Richardson; Churchill's 'Chavasse's Advice to a Wife,' and 'Advice to a Mother,' published at 2s. 6d.; a 1s. series published by the same firm; homœopathic works, a number of which are published by Messrs. Gould and Son, and others by the Homœopathic Publishing Company; some of Longman's series of Text Books of Science, published at 3s. 6d.; Nelson's 'Medical Information and Advice,' by Dr. Warburton Begbie, at 2s. 6d.; 'Health Lectures,' delivered at Manchester, published by Heywood; Jarrold's 'Health Tracts;' Vernon Harcourt's 'Exercises in Chemistry,' published by the Clarendon Press, Oxford; 'Experimental Chemistry,' by Emerson Reynolds."

This is sterling advice, and we hope it will be followed. Homœopathic chemists have long since done the very thing here recommended. Our readers will perceive that *homœopathic* literature is included in the list; we are grateful for this amount of *fairplay*, which indeed has always been characteristic of the present editor of the *Chemist and Druggist*. Now, as homœopaths, we only ask for *fairplay*, and no favour. We do not object to the most severe criticisms of our principles and practice; we are quite prepared to come into the open arena of the world, and there win or lose; we

do not shrink from fighting our own battles, and if Homœopathy be not the *fittest*, then let it make place for that which is. We have tried allopathy, and have seen it tried by some of its most renowned adherents in Europe, and, while it does very well for little ailments, and as palliation in incurable cases, it is fatally useless in severe forms of disease, and simply deathly in desperate cases of organic disease. While Homœopathy, on the contrary, is emphatically *the* system of medicine for just such *severe forms* of disease, and its triumphs in *organic disease*, in *tissue degeneration*, and in *morbid growths* are so great that only one who has seen them can believe such things possible. That Homœopathy is good for little things and trivial ailments even allopaths admit. In the interests of humanity let the two pathies be put side by side in all the allopathic shops of the country, let every chemist study both sides, let him try both systems, as he shall have opportunity, and then let him use his influence for the truth wherever he finds it. If any such think they can upset Homœopathy in whole or in part, the pages of the *Homœopathic World* are open to them: we promise *fairplay*. We only make one condition—viz., they must show a theoretical and practical *knowledge of the subject*, for of silly hearsay and of the “it is not true because it is not” champions we are weary.

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## CORRESPONDENCE.

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[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### THE WRIGHT FUND.

SIR,—The friends of the late Dr. Wright, of Birkenhead, are desirous of assisting his widow and two unmarried daughters in their present endeavours to establish a school in a promising situation near Liverpool.

Mrs. Wright, during her residence in Southport, experienced severe reverses, but now has the prospect of succeeding in her present enterprise, if the first year's expenses are partially met; afterwards the school is expected to be self-supporting.

The purchase of the school, with furniture, fittings, etc.,

has necessitated a considerable outlay, and about £200 are required to free it from debt.

The high esteem in which Dr. Wright was held by his medical brethren, and especially by those of the homœopathic school, of which he was a most conscientious adherent, leads us to hope that they will gladly aid his wife and daughters in carrying out their undertaking.

Dr. Wright's ill-health during the last two or three years of his life prevented him from giving adequate attention to his practice, in consequence of which his means fell off; hence his inability to make suitable provision for his family.

The undersigned will gladly receive any subscriptions towards the above object:—

Dr. Drysdale	...	...	...	...	...	£5	0	0
Dr. Moore	...	...	...	...	...	5	0	0
Dr. Hayward	...	...	...	...	...	3	0	0
Dr. Hawkes	...	...	...	...	...	2	2	0
Dr. Gordon Smith	...	...	...	...	...	2	2	0
Messrs. Thompson and Capper	...	...	...	...	...	2	2	0
Dr. Barnett	...	...	...	...	...	1	1	0

I am, Sir, yours, etc.,

JOHN MOORE, M.D., Treasurer, "Wright Fund,"  
51, Canning Street, Liverpool, Dec., 1881.

## CALOTROPIS IN RHEUMATIC FEVER.

SIR,—Perhaps the following notes may not be without interest:—

Nov. 29th.—C. T., aged twenty-one, complained of violent pains in both legs from the feet to knees, with considerable swelling of knee joints; quite unable to walk from the pain and stiffness. Temperature 101, but no perspiration. *Calotropis* *Gig.* 1 (Heath's preparation) was given every three hours. The first dose caused great perspiration of the usual character.

Dec. 1st.—Three days only under treatment, with no other medicine. Every vestige of the fever had subsided, and he was able to walk without any inconvenience.

Two days after recovery a number of rough red blotches of various sizes came out on his legs, which yielded at once to *Arsenic* 3.

I am, Sir, yours, etc.,

MEDICUS.



DR. DAVID WILSON ON INFINITESIMALS AND  
THE MINIMUM DOSE.

DEAR SIR,—Although I am desirous not to occupy your valuable space with details that can be of little interest to your readers, yet it seems to me needful that I should remind you of a succinct historical statement bearing upon Hahnemann during his residence at Coethen given to us in an address of the late Dr. Quin, as president of the British Homœopathic Society, at its annual assembly in 1863.

As nearly two decades have elapsed since the somewhat stormy times when this address was delivered and discussed, I am compelled to take a retrospective glance in order that we may if possible understand what has happened since then to cause the recent destructive suggestions of the late President of the British Homœopathic Society, and with which we propose to deal. It was in the year 1863, when a warm discussion prevailed between the Hahnemannians and some physicians practising homœopathically, that a member of the British Homœopathic Society brought forward a paper entitled, "Is the Doctrine of Infinitesimals Consistent with Reason and Experience?" The discussion that followed seems to have brought out the latent tendencies of some not very deeply imbued with the spirit of Hahnemann's doctrines, and who have but recently given public proof of what we have just stated. Amongst the speakers on that occasion we find that Dr. Kidd greatly admired the author's "ingenious and able paper." Dr. Kidd is reported to have said, "Let us recollect that for nine years he (Hahnemann) practised with minute doses—not with infinitesimal. During those nine years, in fact, he founded the homœopathic system. All his teaching afterwards was fanciful, and open to uncertainty and doubt, like the successive theories of physicians through thirty centuries. . . . Out of contradiction and angry retaliation he plunged into the doctrine of infinitesimals founded on imagination, not on induction. This practice of giving medicines in quantities so unnecessarily infinitesimal, is the bugbear that deters medical men from joining our ranks."

Let us now hear what the veteran Quin, in his annual address, had to say to these bold words of Dr. Kidd. Dr. Quin said, "Homœopathy spread all over the continent, and pierced into Great Britain, and diffused itself all over America by the very infinitesimal doses, the belief in the

efficacy of which he [the author] states is inconsistent with reason and experience. . . ."

Dr. Quin then effectually demolishes the assertions put forward by the author of the paper, although backed by Dr. Kidd, by informing them that it was *subsequent* to these nine years, fixed upon by the author of the paper and Dr. Kidd, that Hahnemann established his renown. In fact, during these nine years Hahnemann seems to have been wandering amongst nine different places, some of them utterly insignificant, and where he had little or nothing to do. Dr. Quin bears testimony to the fact, like others who knew Hahnemann intimately to the day of his death, that "his practice was strictly in accordance with his precepts as given in the *Organon*." Dr. Quin continues, "The actual time of Hahnemann's European celebrity did not really commence till after the year 1810, when he had published the first edition of his *Organon*; it went on increasing until 1843, when he died. He never went back to large doses. To this fact I can vouch. I first studied under Hahnemann at Coethen in 1826; I again went to him in 1828, and again in 1831, still at Coethen. When he removed to France in 1834 I went there to meet him, and was present at the great Congress of Homœopathic Physicians assembled at Paris to do him honour, and to welcome him to France; and I repeatedly went over to Paris to see him during the remaining years of his life. During these years, besides the many instructive conversations I had with him I had frequent consultations, both verbal and by letter, on many cases of interest or of danger, and I can bear testimony to his consistent advocacy for the employment of infinitesimal doses, and to the eminent success which attended his treatment of the most complicated and serious diseases occurring in individuals of every nation and of every clime. During the latter years of Hahnemann's sojourn in Paris, our colleague, Mr. Hugh Cameron, had similar and frequent opportunities of conversing and consulting in some most serious cases with Hahnemann, and he will vouch for the foregoing facts, and bear similar testimony to me respecting the opinions, practice, and great success of Hahnemann's treatment.

"It is with wonder, sorrow, and astonishment, not unmixed with indignation, that we, who had the honour and advantage of repeated and intimate communications with our great master, and who listened with grateful reverence to the words of wisdom and valuable practical precepts which dropped from

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his lips, read and hear the terms in which some who give themselves out as his followers permit themselves to speak of this great and good man, and unblushingly draw upon their imagination in giving utterance to the most erroneous and fabulous accounts of his opinions and actions, showing an incredible ignorance of the maxims and truths contained in his works, of his conduct throughout his long and honourable career, and an irreverence for his genius, the erudition, and the unwearied industry which enabled him to create and establish the system of medicine by which they gain their livelihood and hope to rise to fame and fortune. One knows not which to admire most, the ingratitude or the presumption of such *soi-disant* disciples of Hahnemann. However, this mode of the young to be presumptuous and to ignore the wisdom and knowledge of their superiors is of all time."

So strongly did Dr. Quin feel the necessity of vindicating Hahnemann and his grand law of healing, which he himself had so courageously espoused, that he again repeated himself in that noble and manly address to the members of the British Homœopathic Society, and said:—"Now, it is indisputable that the introduction of Homœopathy over the Continent, into England, and into America was mainly, if not solely, effected by the employment of globules impregnated with medicine in the treatment of disease homœopathically. I can answer for my own practice that for once that I employed or have employed tinctures or triturations, I have at least prescribed globules sixty times, and my success, I believe, has not been behind that of my neighbours, and for many years I stood quite alone in England, the only homœopathic physician. Drs. Romani, Tagliabo, Belluomini, Dunsford, and others, who followed some years after me, almost invariably prescribed medicine in the form of globules. Dr. Constantine Hering, of Philadelphia, who was among the first to carry Homœopathy from Germany to America, was, and I believe is, a strict Hahnemannist with respect to his doses. Most of the distinguished homœopathic physicians known to me in France, Italy, and other parts of the Continent, are constantly in the habit of prescribing globules."

Dr. Quin further continues:—"I must here also guard myself from being thought to desire to place trammels on the judgment and experience of others in preferring to prescribe large doses only, if they and their patients think such practice best. It is against their illiberal and unprofessional conduct only, in running down their colleagues who believe in

the efficacy of infinitesimal doses, and consequently prescribe them, that I am contending here. Now, what are globules? Merely a convenient vehicle or method recommended by Hahnemann for prescribing fractions of a drop when the whole is not considered necessary to produce the desired effect, or when it is desired not to give the whole drop at once, but to subdivide it into more fractions or smaller doses than it would be convenient to do by diluting it in water. It is notorious that some of these practitioners who proclaim their disbelief in globules prescribe sometimes tinctures in the 3rd, 4th, 5th, and 6th, and even higher attenuations; consequently they avow their belief in the millionth and billionth of a drop of the material drug they prescribe. Well, two or three globules impregnated with the 1st, 2nd, or 3rd attenuation contain much more of the crude material drug than any drop or number of drops of the 4th, 5th, 6th, or any higher attenuation; so that upon their own showing, and upon the plan advanced by them of what causes the efficacy of their favourite doses, their reason for expressing disbelief in the efficacy of medicines given in globules as the vehicle is purely and simply an absurdity."

Surely no one will venture to question the late Dr. Quin's experience, ability, and veracity on the important matters on which we have quoted him at such length.

Perhaps it would have been more in order had I given the observations of the late Dr. Russell, than whom none ever had a more thorough acquaintance with the writings of Hahnemann, and who attended the discussion on the paper entitled, "Is the Doctrine of Infinitesimals Consistent with Reason and Experience?" before I had quoted from Dr. Quin's address. Nevertheless, as Dr. Russell's remarks are highly important and entirely in accordance with those of Dr. Quin and others who gave their adhesion to the infinitesimal dose, it will not be amiss that I should allude to them briefly. Referring to the statement that Hahnemann's greatest success was in the first nine years of his practice—i.e., from 1795 to 1804—Dr. Russell exclaimed: "I confess I heard that statement with perfect astonishment. To me it is perfectly new. I have read all that Hahnemann ever published, and I have read and translated about sixty letters written to his most intimate friends. I have read almost all that his early followers have written, and I cannot recall a single expression that warrants such a statement. I look upon it as a pure figment; and how any one besides the author of this paper [and Dr.

Kidd], who seems to have trusted too much to his imagination for his historical facts, should endorse it, is to me almost a greater surprise."

Dr. Russell proceeds to ask the author of the paper if it did "not occur to him that during the years which he [and Dr. Kidd] fixes as being the most successful of Hahnemann's useful career he had not above some eight or ten medicines proved?"!!! Not a very cumbrous list of remedies certainly, wherewith to have effected such a gigantic reform in medical practice.

It has been my own happy privilege to have enjoyed the esteem and confidence of several persons who were intimately acquainted with Hahnemann, some who had been his pupils, and others who, from a devotion to his beneficent law of healing, attended his clinics, prepared his medicines for seven years, and others who, under his direction, visited many of his patients residing at a distance from Paris, one and all of whom, I repeat, have in the most unequivocal manner borne witness to the accuracy of Dr. Quin's testimony, which has been quoted at length. It will be my duty hereafter to quote Hahnemann himself to show some who have not only been free in their criticisms, but bold, if not inaccurate, and seemingly fully prepared to repudiate the fundamental principles of Hahnemann's doctrine, that they either cannot have read him or must have failed to comprehend the philosophy of the great medical sage.

Faithfully yours,

DAVID WILSON, M.D.

Brook Street, Grosvenor Square,  
Nov. 25th, 1881.

### IS HOMŒOPATHIC MERCURIUS DELETERIOUS?

SIR,—Within the last few months I have become a convert to Homœopathy, and I have often wished to ask you a question, but was afraid of occupying your valuable time. I now venture, however, to do this, and trust you will kindly reply in the next issue of the *Homœopathic World*.

It is needless to trouble you with the circumstances which led me to embrace Homœopathy, but I may say that, having been induced about the middle of last year to give homœopathic medicines a trial, and, being more than satisfied with their efficacy, I have used no other medicines for myself and family since.

I have always been led to believe that mercurial preparations as used by allopaths were very deleterious to the system generally, notably to the teeth, and having had to use homœopathic preparations of mercury (*Mercurius Solubilis*), I am desirous to know whether these also are injurious to the system. I feel satisfied that they are not, and have found no evil effects from the use of the medicine either in my own case or in that of my children, to whom I have given it, but I should be glad to be assured by an opinion so valuable as your own, and, if not asking too much, I would feel greatly obliged by an explanation as to the difference between the homœopathic and allopathic preparations of this medicine.

Since I became converted to Homœopathy I have regularly read the *Homœopathic World* with much interest and profit.

Apologising for troubling you, and thanking you in anticipation for your kind answer,

I remain, Sir, yours truly,

T. PURVIS.

[Medicines *in themselves* are neither allopathic nor homœopathic; they are so termed when homœopathically prepared or homœopathically administered, or conversely. Crude *Mercurius*, or low dilutions of *Mercurius*, may be just as hurtful as the same remedy given allopathically. Our law says that what harms may heal; much harms, a little heals. So we use a little. If you use *Merc. Sol.* in the first, or first decimal, dilution you are mercurialising yourself. But if you use really dynamised *Merc. Sol.*—for instance, the 6th centesimal dilution—you are using a thing that is absolutely harmless, and will nevertheless be an immensely powerful remedy if given in accordance with the homœopathic law. You know the trite old saying, "Familiarity breeds contempt," and this is unfortunately true also with homœopathic medicines. "What have you given?" "Oh, only a little *Aconite* at first, and then only just a little *Belladonna* and *Mercurius*." Now all three are *poisons*, and must be used in *real* homœopathic preparation, so as to be rendered perfectly harmless in the ordinary sense, and yet highly potent for good. The importance of *homœopathic* pharmacy is much underrated, and ought to be under strict control and supervision. Moreover, the prices charged by the homœopathic chemists are too low—that is, they give *too much* for the money. People are apt to think that a *homœopathic* chemist is a mere vendor

of medicines. Such is not the case. A special training is absolutely needful, and also capacity, and above all, *conscientiousness*. A vendor of homœopathic medicines is not necessarily a homœopathic chemist. Stores are very well in their way, but buying *homœopathic* medicines at such fairs is unwise and dangerous. If you use a *proper homœopathic dilution* of *Mercurius Solubilis* not below No. 3 you are using what is practically harmless even for the tenderest babe an hour old. But if you use the *low* homœopathic dilution you run the risk of mercurialism. We deem it right to speak out on this point, and we are much obliged to you for raising the question. As a case in point, we may mention that a few weeks since we were visiting a gentleman professionally, and noticed an ounce bottle of *Merc. Sol.* 1 about three-parts full on his dressing-table. We said, "What is that?" "Oh," said he, "that is only a little (!) *Mercurius* that I take for my liver!!" We explained that it contained a grain of the crude drug in every 100 grains of the powder, and he was horrified at the quantity of *Mercury* which he had taken, that being his *usual* remedy. He continued, "But I obtained it from a *homœopathic* chemist, and I thought *homœopathic* medicines never did any harm." Now, the chemist who sold that ounce of *Merc. Sol.* 1 to an unsuspecting layman as a *harmless thing* must be either very thoughtless and careless or a gross ignoramus, or something worse. Had this chemist taken the trouble to explain the true nature of the preparation the gentleman would have taken, say the 4th trituration, and he would have had a harmless drug, but a potent *homœopathic* remedy. When we say that the prices charged by the homœopathic chemists are too low, we mean that the skilled labour involved is inadequately rewarded, and ill-paid labour is apt to be worth less than it costs.—Ed. H. W.]

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### UPPER-CLASS VACCINATION.

SIR,—I observe, in your last issue, a letter from Dr. Neville Wood in defence of Compulsory Vaccination; which, he says, has also been sent to Mr. Peter Taylor, M.P., as a reply to his pamphlet addressed to Professor Carpenter.

As it is not likely that Mr. Taylor will find time to notice this particular letter, I take the liberty of sending you a few thoughts which have occurred to me on reading it.

Dr. Wood appears to make a great point of the comparative infrequency of small-pox amongst "the higher middle and upper classes," as though there was ever any period when this was otherwise. If, instead of attributing the circumstance of their *comparative* immunity to the practice of cow-poxing (which came into general use about the year 1815), I chose to put it down to that of "tubbing" in the morning, which came in more nearly about the date mentioned by him, I could do so with just as great a show of reason. The explanation is simple enough to those who believe in the protective power of hygienic conditions, but must be still mysterious to all who let a traitor in at the back door in order to drive away an open enemy from the front. It is amazing to me that Dr. Neville Wood, who can feel for dogs and cats and monkeys, when writhing under the vivisector's knife, for the supposed benefit of science, should not blush to come forward in favour of subjecting the whole human race to an infection with septic matter, capable of maintaining an independent life within the human organism, and (though he does not like to be quoted to that effect), according to Sir James Paget, producing a "permanent morbid condition of the blood." Is there no cruelty in enforcing that which uproots the principle of parental responsibility, and substitutes therefor the tender mercies of a paid informer, whose commission depends on the amount of business he transacts?

If Dr. Neville Wood thinks that the evils which are alleged to arise from vaccination are few and doubtful, he must possess the art of shutting one eye and winking with the other when studying the pages of even the most orthodox medical journals. True, he says, he *never* vaccinates, and it is not likely that those whose children have been injured by the process would resort for advice to one so incredulous of the real cause. But he must have often seen mention made in the medical journals of the feebleness and inefficiency of the present stocks of lymph, and of the propagation of syphilis and other disgusting maladies through the process of vaccination. The fact is, that the defence of Jennerian vaccination has broken down *all along the line*; and we find amongst other concomitants the following "inconveniences" to be accounted for. If they be not *propter hoc*, they are, at all events, *post hoc*, in relation to *compulsory* vaccination, viz.:—

1. An increase of small-pox itself, not accounted for by the increase of population.



2. An increase of disorders accompanied by foulness of the blood.

3. A terrible increase of infantile syphilis.

These evils are not merely "alleged," they are fully proven; and the man who fancies they can long maintain their ground in England will find, to his cost, that he has been advocating a cause which is indeed *doubly odious*, because it is, alike, a blunder and a crime!

I am, Sir,

Your obedient servant,

EDWARD HAUGHTON, M.D.

London, December 13th, 1881.

## THE PLAGUE OF VACCINATION.

"Verde de Liale, Ancelon, Carnot, and others have statistically shown that universal vaccination bodes universal deterioration of the human species; that it augments the mortality of infancy and youth; that it has doubled the deaths in military hospitals; increased the number and fatality of small-pox epidemics; and rendered its adherents specially subject to diseases of a typhoid character. In short, the more a nation is vaccinated, the more it will suffer from each zymotic epidemic, and the more rapid will be its physical decline."—*From speech of Dr. Hubert Boens.*

SIR,—The quotation that heads this letter is one of the severest indictments against vaccination ever spoken or written. It covers every nation in Europe, not with a vague charge, but one as definite and precise as a legal document. One, too, consistent with the statements experience of every English anti-vaccinator. Yet there is not one fact given that is new. Professor A. Voght, in his book now in the press, sets forth thirty-four propositions that he elaborately proves. The thirty-four statements are now made public. They are more startling than Dr. Boens's statement. So, too, our Pearces and Hume Rotherys have published similar facts.

Then it should be noticed that Dr. Boens's terse statement is not the opinion of one man, but of many eminent medical men—that it was spoken before a large number of medical men who virtually endorsed the statement.

It is not possible, then, to exaggerate the importance of the vaccination controversy. Here we are, with thirty thousand infants slaughtered every year by vaccination, and a larger number polluted every year, whose life is a burden to them and others, and whose social life is spent in sending

into the world degenerate specimens of humanity, and yet our Members of Parliament are blind and will not see. The Bishop of Peterborough said it was the privilege of British Senators to be ignorant of every subject that came before them. Certainly anti-vaccinators can say it is strictly true of them in relation to their great subject. Worse still, what is generally known by some of the most eminent of continental medical men, is utterly unknown to the greatest number of ours. Our medical men cannot reason; they are empty of facts; occasionally they venture a statement that betrays their complete ignorance. But if they get hold of a gross delusion that favours their superstition, how they nurse it (!), how often they publish it! It may have been refuted a score times, but they have not the honour and intelligence to respect truth, but on they go and publish it again and again. For instance, the glaring lie of the hospital nurses.

We have had lately published a pamphlet on vaccination of the most forcible character. It overturns the statements of one of our oldest and most respectable M.D.'s. It shows him to be a retailer of lying absurdities—a retailer of silly prejudices as facts; and more, it is a truthful logical pamphlet without a weak line in it, or a statement that any medical man can contradict. Here we have it like a Hercules with his club beating out the small brains of weak-minded devotees to vaccination.

You have in London one medical man who has ventured to reply to it. He felt the "severe treatment" dealt out to medical vaccinators, and determined to do something to arrest Mr. P. A. Taylor and lay him on his back, and he is so proud of his performance that he sent it to you to print. So all the readers of the *Homeopathic World* are privileged to see what Neville Wood, a British M.D., can do in attempting to extinguish a powerful anti-vaccinator!

But Dr. Neville Wood comes to the encounter wretchedly armed. He has only "a few loose thoughts upon this question" of vaccination. Has he no precise thoughts upon the subject of putting into the blood of all infants septic matter of the vilest kind? Has he no precise thoughts upon sowing filth in human bodies and promising that the resulting effect shall be purity? Has he no precise thoughts upon the promise of all vaccinists—that, plant vaccine virus in all infants' blood, and it shall work a miracle, shall defy the laws of nature; that when the blood is full of

putrescence—or filth tending to putrescence—it shall not produce the ordinary effect, viz., small-pox ?

But it seems, though, that his “loose thoughts” are of a superior character—they are “concreted” ! What next ? Lime, cement, stones, and sand hardened into stone, rhetorically applied by Dr. Wood to his own thoughts !

The next weapon of Dr. Wood is an “inference.” But there is a vast difference in inferences. The “inference” may be very acute or very blundering. I am sorry to say Dr. Wood’s “inference” is of the latter kind. Dr. Wood sees that the mortality from small-pox is much below that of scarlet fever. He then makes his “inference” that it is from vaccination. He is ignorant, then, that the lesser mortality or non-mortality of small-pox was the same centuries before the folly of vaccination. He is ignorant, then, that the small mortality of small-pox excited the surprise of Sydenham ? He is ignorant, then, that Dr. Jenner watched for twelve months a small-pox epidemic that killed scarcely any one ? And that was before the public had been polluted by horse-grease.

Dr. Wood contradicts Jenner’s statement that, once vaccinated, for ever after safe from small-pox. He says that “after the most careful vaccination” “small-pox occurs in many persons.” It seems, too, that the virulence of an epidemic of small-pox can destroy the protection of vaccination. What is the value of a prophylactic that is never certain in its effects and is worthless before severe small-pox ?

We have more “loose thoughts” of Dr. Wood. He says: “If it be injurious, compulsion is doubly odious.” “If,” from a medical man on a medical question, on which the mass of the people have decided opinions ; on a subject that a Parliamentary Report proves slays over 30,000 children every year ; on a subject that most of us can see continually—horrid objects, some not fit for human company from the vile poison of vaccination—is so discreditable that I do not care to describe it.

I have omitted to notice that Dr. Neville Wood drags in the hospital nurses as protected by vaccination. Either the doctor has not read the many refutations it has had, or there is a moral obtuseness I need not dwell upon. I will only say that this protection was claimed for hospital nurses before vaccination was practised. If he will read “An Inquiry into the Small-pox, Medical and Political,” etc., etc.,

by Robert Walker, M.D., London, 1790, he can find there all about the protection of hospital nurses, and many other subjects that medical men should know but do not.

It will scarcely be believed that a man who had not the power to grasp one sentence of Mr. Taylor's pamphlet and hold it and show its error, should venture to reply to it. Surely it is imprudent, to say the least, for a vaccinist to expose his poverty of argument, and that he has no stock of facts or knowledge of the history of small-pox and vaccination.

It cannot be expected that Mr. P. A. Taylor can notice such small debaters as Dr. Wood. "The eagle does not stoop at the sparrow," so I, a humble follower of Mr. P. A. Taylor, have the opportunity of answering the doctor.

I am, Sir, yours faithfully,

W. G. WARD.

Perriston Towers, Herefordshire.

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## THE RESURRECTION OF THE MATERIAL BODY.

SIR,—The letter of "M.A." in your last issue contains really no reasons for his belief in the resurrection of the material body, except the opinions of this or that scholar. But opinions have nothing to do with the matter. The question is, What do the Scriptures teach? If the Bible teaches this absurdity, I will believe it on the ground that there is something deficient in our knowledge of the subject, which further information will supply; but the fact is, the Scriptures nowhere teach this, but the exact contrary, and thus science and revelation agree, as they always do, when the latter is properly understood.

Does the parable of Dives and Lazarus teach it? After the rich man was dead he sees and is seen by Lazarus as he was on earth—i.e., he recognises him in his spiritual body. The spiritual body was suffering, and what other body can suffer? Why even on earth all our pain and suffering is in the spiritual body, not in the natural. Does a dead body feel? No! But why? Because the spiritual body which did feel has left it. It is the *spirit* of a man which sins, or does good, not his body. The body never sins. As well accuse a pistol of shooting a man as the body of the sin it commits!

When, therefore, a man has put off his natural body, he

has put off that which was only required for the purposes of this world, and he never resumes it again.

When we speak from our *heart thoughts* we say our relations are "in heaven," but when we speak from *doctrine*, we speak of them as being "in the grave." This is because of the falseness of the doctrine usually taught us which our true sympathies reject, when not thinking on what we have been taught.

At the transfiguration Moses and Elias were seen. Was not Moses dead? Will any one assert that he will some day get his natural body? He has done without it some thousands of years, and if he had it it would be in contradiction to the apostle's declaration that "flesh and blood cannot inherit the kingdom of God."

As to the passage in Job, it means simply what I stated in my last. It wants no scholar to see it. It is a matter of common sense and discrimination. Job did *see* God "in the flesh" (after it had been wasted away), but it was *before his death, not after*. See Job xlii. 5.

LAICUS.

P.S.—The "questions" put by "Science" in your last are most appropriate.

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DEAR SIR,—Long since was it said on the subject of the "Resurrection," "Ye do greatly err not knowing (1) the Scriptures, nor (2) the power of God." And thus it has been with rationalists of all ages, they leave out the two potent factors of the problem, and then declare they can by no means find the answer. The four questions put by "Science" were anticipated 1,800 years ago, and one wrote, "Some man will say, 'How are the dead raised up? and with what body do they come?'" The answer is, "Thou fool, that which thou sowest is not quickened unless it die, but God giveth it a body as it has pleased Him." There is a natural body, and there is a spiritual body. And thus two or three verses from the "Old Book" clear up the difficulty to all who have faith in One whose ways are higher than our ways, and whose thoughts are higher than our thoughts.

Probably "Science" will call this foolish, and well he may, for God has chosen the foolish things of the world to confound the wise; yet how would he take it did his children refuse to exercise towards him "that state of mind commonly called *belief*," and took nothing on the credit

of his word? Even so without *faith* it is impossible to please God. For the rest, doubtless "Science," in company with many more, desires never to see his body again; but he shall in no wise have his wish granted, for the hour is coming when all that are in the graves shall hear the voice of the Son of God, and shall come forth either unto the resurrection of life or unto the resurrection of judgment.

Yours faithfully,  
CREDO.

[This correspondence must now cease. The one hygienic bearing of the subject no one seems to have thought of: we refer to *cremation*.—ED. H. W.]

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## REPORTS OF INSTITUTIONS.

### LONDON SCHOOL OF HOMŒOPATHY.

THE special meeting of the subscribers and donors to this institution was held in the Lecture Room, Great Ormond Street, on Thursday, the 15th December, Major William Vaughan Morgan in the chair (in the unavoidable absence of the President, LORD EBURY).

We are unable in the present number to insert the full report, which, however, we hope to be able to print in our next issue.

The chief business of the meeting was to receive the report of the sub-committee which was appointed to revise the rules and laws, and to determine several points connected with the simplification of the executive of the School, and to decide the future courses of instruction, etc.

The first point which came before the meeting was the resolution that the London School of Homœopathy should be continued. This was carried unanimously. The new rules and laws, as revised by the Committee, were then considered, and, with some slight modifications, adopted.

The most important business was a new rule proposed by Dr. Hughes:—

"That any student who has diligently attended the lectures during one winter and one summer session of the school, and who has passed satisfactorily an examination in the principles, Materia Medica, and practice of Homœopathy, and who has passed a clinical examination in the wards of

the Hospital, shall be awarded the diploma of 'Licentiate in Homœopathy,' and shall be entitled to add 'L. H.' to such titles, qualifying him to practise, as he may possess or hereafter obtain."

This resolution was seconded and passed unanimously.

The names of the following gentlemen were proposed and unanimously appointed the examiners:—

Dr. William Bayes, of 88, Lansdowne Place, Brighton.

Dr. J. Galley Blackley, of 2, Gordon Street, Gordon Square, London.

Dr. D. Dyce Brown, of 29, Seymour Street, Portman Square, London.

Dr. J. Compton Burnett, of 5, Holles Street, Cavendish Square, London.

Dr. Richard Hughes, of 36, Sillwood Road, Brighton.

Dr. A. C. Pope, of 21, Henrietta Street, Cavendish Square, London.

The following addition was then passed:—

"For the diploma so obtained a fee shall be paid; the amount of such fee to be determined hereafter by the Committee and Council from time to time."

Dr. Bayes then proposed—

"That physicians and surgeons who are of good repute, and who have practised Homœopathy for five consecutive years preceding the 25th of December, 1881, may be elected, without examination, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy before the end of December, 1883, and are elected by the vote of the majority of the members of the Medical Council."

The following resolutions relating to the general business of the School were also passed:—

1. "That a sum not exceeding £200 shall remain in the bank as a current balance for the present; that after paying all debts, if a balance of over £200 shall remain on the 31st December, it shall be invested in the names of the trustees."

We understand that the moneys at present invested and standing in the names of the trustees amount to about or above £1,800. It is not intended to draw upon this fund, but should any emergency arise, it will be within the power of the executive of the School to apply any portion of it that may be required, provided the governors and subscribers give their consent at a special general or annual meeting:

It was further resolved:—

2. "That the present subscribers to the School be requested to continue to subscribe, and that their attention be directed to the necessity which exists for their efforts to obtain increased subscriptions from those interested in sustaining and developing the educational effort which has been inaugurated by the London School of Homœopathy; this effort comprises two great divisions of medical scholastic procedure, both of equal importance.

"The first is the increase of the efficiency of the Hospital as a clinical school; for this purpose a great effort should be made towards endowing the Hospital with, at least, £70,000 more than it at present possesses. The second is the further enlargement of the London School of Homœopathy, until it shall become a complete medical school, with the full complement of lecturers and of all the necessary adjuncts, such as a complete library, museum, and all that appertains to the construction of a first-class medical school. To do this efficiently it is computed that not less than £30,000 will be required."

Lastly, the following was proposed and carried:—

"That it is recommended that every medical practitioner of Homœopathy within Great Britain and Ireland be once more urged to exert a great effort to establish in the metropolis a central Homœopathic School, as above indicated, and to bring before his patients and friends the claims of the central institutions above named. We cannot but believe that if this were done earnestly the aims which we have in view would be speedily reached."

W. B.

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#### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent

to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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MENTONE.—Colleagues having patients at Mentone may be glad to know that Dr. Alfred Drysdale, son of our own Dr. Drysdale, is spending the winter at Mentone, and is there practising Homœopathy. Dr. Alfred Drysdale is a medical graduate of the London University, and is a decided



acquisition to our ranks. His address is, *Hôtel des Isles Britanniques, Mentone*.

TO OUR ANONYMOUS CORRESPONDENTS.—We suggest to our anonymous friends, who seem so concerned about our editorial welfare, that a new *large-sized* waste-paper basket would be a seasonable and an appropriate New Year's Gift to us.

#### CORRESPONDENTS.

Communications received from Dr. Whitehead, Rawtenstall; Dr. Ussher, Wandsworth; Dr. Berridge, London; Dr. Bayes, Brighton; G. A. Cross, Esq., London; Dr. Edward T. Blake, London; Dr. D. Wilson, London; Edward Thomas, Esq., Chester; Richard Buckingham, Esq., Evesham; Dr. John Wilde, Weston-super-Mare; G. E. Pollett, Esq., London; Dr. Haughton, Upper Norwood; Dr. Croucher, St. Leonards-on-Sea; Dr. Datta, Calcutta; Dr. Moore, Liverpool; Dr. Pope, London; Dr. Alfred Drysdale, Mentone; Dr. Stanley Wilde, Nottingham; Dr. Roth, London; Dr. John H. Clarke, London; Messrs. Butcher and Co., London.

#### BOOKS AND JOURNALS RECEIVED.

Allgemeine Homœopathische Zeitung, Bd. 103, Num. 19, 20, 21, 22, 23, and 24.

Boletín Clínico del Instituto Homeopático de Madrid.

Introductory Lecture. By Professor Owens, Cincinnati, Ohio, 1881.

The Weekly Medical Counselor, Nov. 2, 16, and 23, 1881.

The Communicability to

Man of Diseases from Animals used as Food. By Dr. Henry Behrend. London: Jewish Chronicle Office, 1881.

United States Medical Investigator, October 15, 1881.

North American Journal of Homœopathy, November, 1881.

The Cuckoo, Nov. 25, 1881.

Revue Homœopathique Belge, Novembre, 1881.

Herald of Health, Dec., 1881.

Special Pathology and Diagnostics, with Therapeutic Hints. By C. G. Raue, M.D. Second Edition. Boericke and Tafel, New York and Philadelphia, 1882.

Vaccination Inquirer, Dec., 1881.

Dublin Journal of Medical Science, Oct. and Nov., 1881.

St. Louis Clinical Review, November 15, 1881.

American Observer, October, 1881.

La Reforma Médica Origen del Instituto Homeopático Mexicano. Tomo V., Num. 4.

Bulletin de la Société Médicale Homœopathique de France, Mars, 1881.

Chemist and Druggist, Dec., 1881.

American Homœopath, Dec., 1881.

Journal of Medicine and Dosimetric Therapeutics, Dec., 1881.

El Criterio Médico. Tomo XXII., Número 21.

La Science Libre, 2<sup>me</sup> Année. No. 3.

Staffordshire Sentinel, Monday, December 5, 1881.

The Homœopathic Physician, December, 1881.

Monthly Homœopathic Review, December, 1881.

# THE HOMŒOPATHIC WORLD.

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FEBRUARY 1, 1882.

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## THE ALLOPATHIC TRADESMEN AT THEIR GUILD.

Just before the old year of sacred memory took its departure, allopathic members of the College of Physicians of London met, under the presidency of Sir William Jenner, to quackishly proclaim themselves the only honest physicians in existence. In how far this proceeding was consistent with the true interests of their guild we leave to the allopaths themselves to decide. We homœopathic practitioners set our faces against these vulgar tricks of trade. Dr. Dudgeon, in a letter to the *Medical Times and Gazette*, expresses himself on the question in a very sensible way, and we think we cannot do better than reproduce his words:—

“On December 27 last the College of Physicians, under the presidency of Sir W. Jenner, unanimously passed a resolution proposed by Dr. Wilks to the following effect:— ‘The College considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College therefore expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations.’

“The acknowledged aim and object of this resolution was to pass a censure upon those members of the profession who consider the homœopathic therapeutic rule the best guide for the selection of remedies in their treatment of the sick. This we learn without any doubt whatever from the discussion, or conversation, that ensued among those present at the meeting. But the resolution has no application to the practitioners aimed at, though it may perhaps hit some practitioners it was never intended for. Practitioners who

have studied and who practise Homœopathy in preference to any other method, when they meet with cases for which it is adapted, neither assume nor accept the nickname of 'homœopath' that has been bestowed on them, and which is commonly applied to them for the sake of brevity and to avoid circumlocution; just as we speak of antiseptic surgeons, meaning those who commonly adopt the antiseptic treatment, or as we call one who makes a speciality of electricity a 'medical electrician.' But that is quite a different thing from trading upon a particular designation. We cannot conceal from our colleagues or the world that we have a faith in the homœopathic method, for every prescription we write betrays our therapeutic faith. Nor do we affect any concealment; on the contrary, we endeavour in every legitimate way to convince our colleagues of the excellence of the homœopathic method, and we would justly incur their censure did we keep that method a secret to ourselves. And is not this precisely what the best men of the profession do when they know of a good method or a good remedy? Did Mr. Lister, or his predecessor Dr. Déclat, keep the antiseptic method to himself? On the contrary, he has put it so persistently before the profession and the public, that the method is now very commonly called 'Listerism.' Do those surgeons who practise this 'Listerism' trade on the designation? Certainly they do so, quite as much as those who practise Homœopathy. Dr. Wilks is disgusted that a patient left him for another doctor because the latter 'had a principle guiding his practice.' In like manner a surgeon who did not believe in antiseptic surgery might feel disgusted at being abandoned by a patient who preferred an antiseptic surgeon.

"The resolution passed by the College of Physicians has thus completely missed its aim. If I were a Fellow, Member, or Licentiate of the College, I could subscribe to this resolution with perfect good faith, though I am one of those against whom it is aimed. I neither assume nor accept any other designation than that of 'physician,' and as a physician I yield to no one in upholding 'those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public.' The resolution of the College applies far more to the tribe of specialists in the profession than to those who endeavour to give their patients the benefit of the discovery of Hahnemann. The oculists, aurists, gynæcologists, elec-

tricians, *et hoc genus omne*, trade upon their designations much more than we do. They, of all members of the profession, have a right to complain of the milk-and-water resolution of the College. 'Our withers are unwrung;' the resolution does not affect us.\*

"Why did not the College adopt Dr. Bucknill's amendment? That at least went to the root of the matter. In declaring that 'no competent medical man can honestly practise the homœopathic system,' it spoke out the sentiments of the great majority of the profession. But there were some objections to passing such an amendment. It so happens that a goodly number of the members or licentiates of the College consider the homœopathic to be the best therapeutic rule out, and practise accordingly. To doubt the competency of those the College had admitted into its bosom after testing them by examination, would have been to condemn themselves; and to accuse them of dishonesty might have been to bring themselves within measurable distance of an action for libel. The condemnation to a heavy fine of several German doctors who lately indulged in similar imputations on their colleagues who practised 'the so-called homœopathic system' was not very encouraging to those who wished to impugn the honesty of certain of their colleagues. So Dr. Bucknill's amendment was dropped hastily like a hot potato.

"As for consultations between those who know and use the homœopathic method and those who do not, I quite agree with Sir W. Jenner that they are to be deprecated. Like him, 'I go to do the patient good, to ease or prolong his life,' and I should be very unwilling to relinquish what I hold to be the better treatment in order to adopt what I consider the worse. I do not admit that Sir W. Jenner has any monopoly of the wish to do the patient good, but if his good wishes are never disappointed, if the patient about whom he is consulted is never rather the worse than the better for his advice, then he is a much more successful consultant than any I have yet heard of."

So far Dr. Dudgeon.

The world will of course take note of the fact; that *not all* the members of the College of Physicians are honest; only the allopathic ones are honest, all the others are very bad indeed, notably the homœopathic members of the College. The *most* honest are Sir W. Jenner, Dr. Wilks, and Dr.

Bucknill. Besides, these professors of honesty understand quackery in no ordinary degree. Dr. Bucknill's accomplishments in particular seem most extraordinary, for he has even prepared a "quintessence of quackery," which *he says* is Homœopathy. We do not for a moment question the great knowledge these gentlemen possess of quackery in general, neither dare we dispute Dr. Bucknill's right to his own "quintessence of quackery" in particular, but when these, the *only honest* members of the College, next meet to discuss a difficult subject like Homœopathy, we hope they will just go through the little preliminary process of *learning something about it*. Putting up dummies of their own and calling these dummies nasty names, and then knocking them into inglorious smithereens, might do for day-labourers in a skittle-alley when they are out of a job, but for *gentlemen*, at a learned college, *fi donc!*

Homœopathic practitioners can never consent to consult with Sir W. Jenner and his colleagues until they learn at least the elements of scientific medicine. We are, however, quite prepared to meet them on questions of diagnosis, the treatment to be left to us. Or, if they will make a serious, conscientious study of Homœopathy, then we can meet on equal terms as scholars and gentlemen, to the advancement of medical science and the advantage of sick humanity. But even then we could not be party to any of these vulgar rat-tening proceedings; for us medicine is a liberal profession, in which all its members are free to act according to their light, owing allegiance only to God and to the law, and animated by a love of our common humanity, and of medicine; but being in no way called upon to follow the lead of any number of Jenners, Wilkses, or Gulls, past, present, or to come.

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## CLINICAL NOTES.

By SAMUEL SWAN, M.D., New York.

(1) A LADY had the following symptoms: She felt so pressed for time that she could not remain long in one place, and must go home; but this sensation was not felt in the mind, but in the left hypochondrium. She had also a blood-red tongue, smooth, swollen, with great dryness of mouth and throat, and great thirst, drinking a goblet of water every few minutes, with profuse urination; there was

also sleeplessness. One dose of *Bellad.* DMM. (Swan) cured these symptoms. She said I must have given her a narcotic, as she had a sound sleep the first night.

(2) A woman had the following extraordinary delusions: She was sure that a man was after her for sexual intercourse, and that his family were going to have her arrested for getting him pregnant; that they said that nine women could get a man pregnant, but that, as the child could not be born, he must die. She was afraid of doctors, and refused medicine. I succeeded in giving her three doses of *Veratrum Album* DMM. (Swan), and in one week she was entirely well. The symptom which led me to the remedy was the very analogous one, "she fancies herself pregnant," a symptom noticed by Greding in a patient, and which the would-be purifiers (!?) of our *Materia Medica* would like to expunge.

(3) A child, two or three years old, had both eyes swollen and closed with syphilitic ophthalmia, with pus running out of them. I gave one dose of *Syphilinum* DMM. (Swan); in one week the child was nearly well, and in two weeks entirely cured.

*Syphilinum* is indicated when children's teeth are *cupped*; when they are *serrated* it indicates *Medorrhinum*. In a large number of cases one dose of the indicated remedy, in the DMM. potency, cures the disease, and in all cases it prepares the way for a cure.

(4) I was called in consultation with Dr. Ostrom to a case of septic poisoning. Temperature 102; pulse 98; apathetic, complains of nothing; does not want to be spoken to, but wants to be let alone; feels very comfortable; slight discharge from a sinus in the leg. Gave *Septicinum* CMM. (Swan) in water, a spoonful every hour for three doses. Early next morning had profuse discharge of pus; temperature and pulse normal; was bright, cheerful, and talkative.

(5) *Dolichos pruriens* has cured intolerable itching all over body, especially in pregnant women; worse at night, preventing sleep; worse from scratching, with no perceptible eruption on skin.

(6) A dose of *Graphites* CM. wonderfully relieved a case of membranous dysmenorrhœa, but produced the following symptoms: kneading, twisting, wringing sensation in right ovary, followed by a greyish-brown discharge; the menses came on three days afterwards.

(7) *Corbinata Americana* is a stone from the head of a fish called *Corbinata*. It causes permanent paralysis of the sphincter vesicæ, and I have verified it in incontinence of urine (see Higgins's *Ophidians*).

(8) Pain in eyes back into head, extremely sharp, with a sensation as if the eyes extended back; great photophobia to natural or artificial light; any continued glare results in this pain. *Lac Felinum* caused steady improvement up to last report.

(9) Pain in left eye, which protruded; pupil dilated; sensation of a cool air blowing upon it; want of co-ordination of recti muscles with those of right eye; photophobia from gaslight, looking at a glistening object, to a less extent from sunlight, but severe by reflection from snow. I gave *Magnes articus* (high potency). The pain left at once, and the patient was improving at last report.

(To be continued.)

## ARNICA-POISONING AND NOSODES.

By DR. KAY WHITEHEAD.

THE important case of poisoning by *Arnica*, so well reported by my friend Dr. H. Hayle (by error printed Hale), suggests and illuminates many questions.

It being no uncommon thing to hear men big with their ideas of pathology betray their ignorance of the real thing by saying that drugs cannot cause real disease, and therefore cannot cure it on the theory of Homœopathy, it is interesting to note that not only did *Arnica* provoke erysipelas, but still more so to observe that the product of the *Arnica* erysipelas possessed the power to propagate itself, for we read of a bulla that burst, and "exudes large quantities of serum, and over the places on which the serum runs little vesicles arise." Here, then, we have the serum of *Arnica* vesicles possessing contagious property. If Dr. H. Hayle has preserved any of the serum it would be interesting to know the effects of an inoculation of animals with it. Is it possible that contagious or infectious diseases may owe their *contagia viva* to modifications of protoplasm, which afterwards multiply, preserving their perverted type?

In the case of this irritating lymph we can assume two causes—

A. That the irritant particles were organic germs.

B. That the irritant particles were inorganic matter.

If we assume the former to be true, we may discuss two origins for the germs.

1. Can it be possible that contagious or infectious diseases may owe their *contagia viva* to modifications or sporting of protoplasm, provoked by the influence of an extraneous organic or inorganic substance, which then disappears from the drama as a *primum mobile*, leaving the further propagation of the disease in fresh organisms to invasion by the lineal descendants of these perverted cells?

2. Can it be that *Arnica* plant-cells, or other organic cells, are absorbed by the skin, and undergo fissiparous or other form of multiplication in or under the *rete malpighii*, and thus are able again to inflame new skin?

In the first case the *contagia viva* would be heterologous human tissue, and might be provoked by an organic or inorganic *primum mobile*; and in the second case the *primum mobile* must necessarily be organic, and the *contagia* would be parasitic, or foreign tissue.

Dr. Dyce Brown records a case in *M. Hom. Rev.*, vol. xxii., page 172, of erysipelas caused by *Arnica* 200, and unless we have a new definition of a cell, there could clearly have been no cell engrafted in this case, which therefore indicates simple dynamic agency, or an inorganic *primum mobile*. In this case, unfortunately, there is a fault in any parallel with Hayle's case, because contagiousness of the erysipelas was not recorded, for if it had been it could only have been cited in support of the idea that *contagia* was heterologous protoplasm. I have not had an opportunity of examining the details of the only other record of which I know of contagious disease originating in materia medica. I mean the case referred to in the *Organon Review*, vol. iii., p. 110, from *N. A. Journal of Hom.* for November, 1879, where "Dr. Hiller gives provings of *Rhus Californiensis* (*diversiloba*); the erysipelas produced thereby was contagious."

If this proving was by sufficiently high dilutions it would contradict the idea that *contagia* are always parasitic, and support the idea that they may in some cases be heterologous protoplasm or else inorganic compositions, which is the assumption B, that the irritant particles were inorganic matter. To believe this we must suppose that the animal tissue may be decomposed by any dynamic agency, and result in a synthesis of the irritating agent. This is very difficult to



conceive, because an inorganic substance, so far as I know, in actively affecting any other substance is itself degraded—that is, decomposed or combined—and loses its irritating property, just as water ceases to have the power to irritate sodium when combined with it, and could never end in regeneration of water. Such a conception involves that of perpetual motion.

I do not dispute that in a living organism this regeneration of the irritant inorganic body might be accomplished at the expense of the potential energy of the tissue; but, on the whole, it seems that so far as these facts carry us, the first assumption is likely to prove correct—viz., that contagious and infectious diseases owe their *primum mobile* to organic or inorganic agents, which originate *contagia viva* from protoplasm by differentiation, or in the case of organic *prima mobilis* by multiplication of the parasitic body. We may possibly, in some diseases, have both processes at work—that is, both differentiation and parasitic multiplication, as in vaccination.

If the *primum mobile* may be an organic or inorganic influence differentiating protoplasm, clearly the hope of ever stamping out such diseases must be very slight, as it may commence *de novo* whenever the conditions favour. This pathological speculation is an adaptation of the ideas of Dr. William Roberts and Dr. Beale, but it has bearings beyond their sphere.

For instance, how does this hypothesis illuminate the treatment with nosodes?

If true, small-pox can originate *de novo* by the influence of some concatenation of conditions upon human protoplasm, giving it a twist in its constitution, disturbing its function, and setting up all the phenomena of the disease in the human organism, and this perverted, morbid protoplasm then generates itself after its own kind, and by direct invasion may communicate itself to other organisms, the spontaneous production of small-pox would thus be due to the dynamic influence of some substance, but the subsequent cases would be due to organic or living *contagia*, and the agency in the first and second cases would be utterly different; for to propagate the disease in the second way we must at least have a whole living germ, but to propagate it spontaneously it may be that an infinitesimal amount would be sufficient. Then to dynamise the germs, or the morbid product of the disease, would be to destroy the integrity of the organisation

upon which the power to communicate the disease depends, and it would be probably a mere accident if the dynamic power of the constituents of the disorganised germ coincided with the power of the living germ, just as it would be purely accidental if, having utterly triturated the yeast plant to its constituent molecules, we found the powder to possess the catalytic power of the organised plant, though it is quite conceivable that some inorganic bodies may possess the power.

In the case of scabies, we have a complex condition composed of many symptoms, some of which are due to the molar influence of the living bodies; some are due to the dynamic influences effluent therefrom; or, as Dr. Von Grauvogl has pointed out, to the secretions or excretions of the acarus, or to the influence of some of the morbid material which the molar presence begets in the invaded tissue.

Now, it would be no less absurd to try to cure all the symptoms thus accumulated with the dynamised dead acarus and morbid product, than to try to cure a *post-mortem* symptom, or crunch the cervical vertebræ of a blesbok with dynamised lion, for if the morbid symptoms are the product of the influence of living organism, and due to the vitality or molar presence, clearly we cannot meet those by the dynamised dead matter, and there are therefore no grounds for calling disease, however uncomplicated, a proving of living or dead influences indifferently.

Then if a nosode is to be administered under the law of Hahnemann, it must have been proved when dynamised, in order to distinguish the symptoms due to the dynamic activity of the material, unless it is quite beyond doubt that it does not act by virtue of its living energy or molar presence, and the question remains, can we clear up this doubt in any way but by proving the nosode?

The same reasoning applies to the administration of dynamised food for sufferings from that food; for such treatment it must be clear that the disturbance is not due to molar or organic influences, and again the only certainty is by finding that the symptoms complained of have been caused during a proving of the dynamised drug.

Superficially it would appear that all symptoms obtained by a proving would be included in the symptoms of one suffering from the disease of which the nosode is the product, but this is not by any means without doubt, because if there is another factor in the production of the symptoms of the

disease, this other factor may prevent the manifestation of some pure symptoms—that is to say, the disturbances due to the vital or molar influence of the acarus may mask or incorporate some due to the dynamic action of those salts in circulation, which afterwards are excreted upon the skin in scabs, etc.

On the contrary, it is plain that the phenomena of disease due to invasion by molar or organic contagia must have a wider basis than the phenomena which the product can produce when dynamised.

The disease may include the latter, but cannot be equalled or covered by them, so we can understand why Dr. Berridge has never CURED a case of disease by its dynamised morbid product, though he has relieved or modified some of the symptoms, which is just what we should expect from the previous considerations; and when *Psoriasinum* produced a marvellous result in an inveterate case of psoriasis, we are not justified by any certain knowledge in concluding that it was anything more than some accidental coincidence in the symptoms attending the dynamic action and the organic evolution of the nosode; for in this case it is not even shown that the scab of psoriasis possesses the power to propagate psoriasis.

The way in which we may glide into error is well shown by the history of the use of these nosodes. The mind at first carefully selected nosodes from cases where they possessed undoubtedly the disordering powers of the factors of those diseases, like the acarus scabs, syphilitic, vaccine, and varioline lymphs; and the critical attitude of the mind being allayed by mistaking the results of its own care for uniformity of the relation of nosode to factor, it failed to challenge the implication of similar properties to all morbid products, which alone could have led to the introduction of *Scirrinum*, *Asthmatos Ciliaris*, and *Psoriasinum*, etc., as nosodes to be used pseudo-homoeopathically, as if they had produced the diseases of which they are only the product, whilst there really may be no more relation between the cause and these eliminated products of disease than there is between carbonic acid gas and sulphuric acid, which drives it from its combination with lime. It cannot even be said that the phenomena, or symptoms of the disease of which these nosodes are the product, are in any sense a guide or indication to their use either homoeopathically or isopathically; their use must be pure empiricism. Provings of drugs are the *sine quâ non* of their use homœo-

pathically, and the exclusive homœopath is debarred from using a drug till it is proved.

The use of accessories by Dr. H. Hayle opens another question. He remarks of the vesicles: "Those which were opened and collodionised as soon as they got tight did far better than those which were allowed to burst and then collodionised." Is it our object to cure individual vesicles or the whole organism?

1. Would Dr. H. Hayle assure us that there was a concurrent constitutional improvement to which the local improvement was supplementary; or was this local improved state complementary to a sequential worse general state?

2. If the state of the vesicles was apparently independent of the general state, was the improved course due to (a) the opening of the vesicles at an earlier date than they would rupture, or (b) to the earlier collodioning?

3. If collodion had not been used at all, would the whole eruption have run a milder and safer course?

We read: July 16, after describing the eruption on the face and hands. "There is nothing to be seen anywhere else." "*Collodion Flexile* applied to face."

July 17.—"Face not so swollen, except the right lower eyelid, which is very œdematous, red and swollen (this was the only part of the face where *Collodion* was not applied). The little vesicles have also gone down. Patches of small vesicles have come out on both anterior surfaces of the wrists and on the legs; the skin around the patches is a pale red colour, and slightly swollen."

Was this extension to the wrists and legs a consequence of the application of *Collodion* the day before? This is not a fanciful question, in spite of the erratic nature of erysipelas, for we have seen that the serum exuded into the vesicles was irritating, and how could *Collodion* act upon this poison-laden lymph?

Clearly it was applied too late to limit the amount of absorption of the poisonous *primum mobile*, and therefore it could only act by limiting the zymosis, or driving the process or product to an unprotected part, or obliging the lymphatics—by increasing the intra-vesicular tension—to absorb and decompose or render harmless the poison.

But if lymphatics possess this power, why do they not exercise it on other occasions when high tension prevails, as for instance, within the tight flaps of a stump, or in tightly strapped ichorous or septic wounds or ulcers?

If zymosis was arrested by the *Collodion*, it has a property well worth further study.

I am inclined to reject both of these hypotheses, and believe that the *Collodion* obliged the poison to enter the circulation and find another outlet, and it was fortunate in this case and possibly most of them that the skin was more unable resist the irritation than nobler and more vital tissues, and I do not think that it can be claimed that such local applications are free from danger in a disease so prone to metastasis.

Given a human body and a foreign substance in circulation, the problem would be, how shall it be eliminated? The excretory organs cannot excrete anything brought to them, or they would excrete everything; if, then, there is an organ adapted to the purpose the foreign body is expelled, and the body freed without cost save normal wear and tear of the organ. In default of such a natural outlet it is fortunate if some portion of the skin takes upon itself the function, even at the expense of such a modification as to be termed disease, and it seems to me that we cannot rashly suppress this function without peril to more vital organs.

Rawtenstall, near Manchester,

January, 1882.

## DOMESTIC HYGIENE.

By EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S.,

Life Associate of the Sanitary Institute of Great Britain, Membre Associé  
Etranger de la Société Française d'Hygiène.

### II.—HOW TO SELECT A HOUSE.

CHOOSING a house is something like poking a fire, driving a gig, or making a salad, every one thinks he can do it, and that he only can do it.

Perhaps we can best reply to the question, "How is a house to be selected?" by describing first the kind of residence which should not be chosen. We should avoid a back-to-back house, because it is prone to be especially noisy (a stable or workshop may be in the rear), and, besides, it does not readily lend itself to sanitary reform.

There are perils in being "one of a row;" there is the piano plague, and burglary is facilitated; whilst, on the other hand, escape in case of fire is rendered more easy. We should, by the way, always look to it that there is a con-



venient exit leading to the roof; and we may assure ourselves that our dwelling is not near a noisy or a noisome trade.

In approaching the house we contemplate taking, we glance at the roof. This should be high-pitched to prevent snow from lodging and also water from running back underneath the eaves.

The filleting (cementing between slates and walls) should be sound, and the crest-tiles firm.

We have a look at the walls; if they are much stained the eaves-gutters are probably in a defective state, either rusted through or blocked by some foreign body. Perhaps the stack-pipes which convey the rain-water down are faulty at their joints, and require either propping or else caulking.

The chimneys are very suggestive as regards their external appearance, in warning us of that greatest of all domestic discomforts—a smoky flue. If we see abundant evidence of human ingenuity in the shape of cowls, or elbows and knees twisted and dislocated in every possible form of metallic agony, we may well suspect that some former inmate must have suffered long ere he was willing to disfigure his house with such abominable creations.

The essential cause of a smoky chimney is that it is too large for the fire usually burning beneath it. In other words, the sectional area should never be so great as to suffer the heated air, on which we depend for carrying up the particles of charcoal which we call "smoke," to grow cold before its work is done. Our forefathers naturally imagined that smoke resembled a flock of sheep, or a herd of cattle; that is, the wider the space the more rapid the exit. But in the matter of chimneys the precise opposite holds goods—the smaller the flue the more swift the draught, a fact which we all of us demonstrate when we diminish the opening of the fireplace by means of a sheet of newspaper, "to draw up the fire."

If the walls be stained inside it is usually supposed that the wet comes through; but this is quite a mistake. Unless mould or manure be banked against a wall, however porous the walls, it is probable that rain seldom finds its way through the thickness of the masonry. If the stains be low the moisture may have risen from the ground for want of a "damp-proof course." By this is meant a layer of some impervious material through the entire thickness of the outer walls running right round the building, above the level of the ground outside. If the damp-stains be high, they are

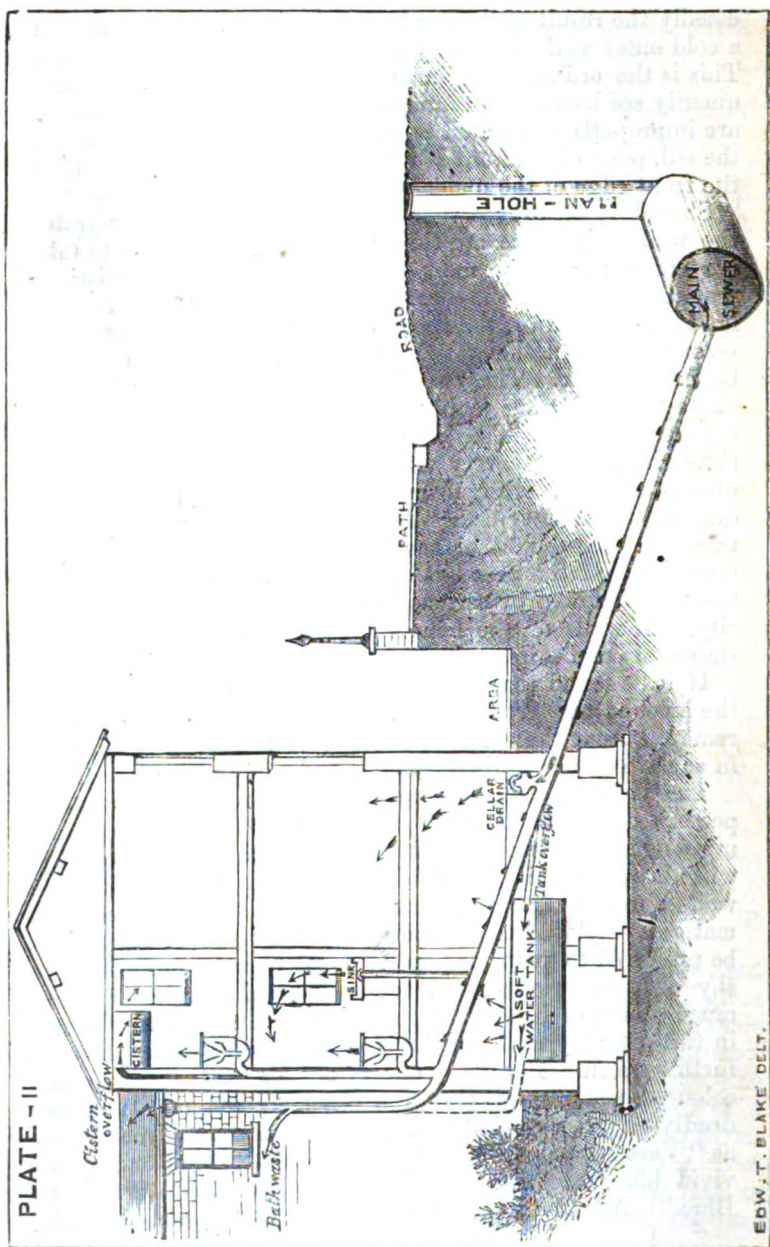
usually the result of the condensation on the inner surface of a cold outer wall, of watery vapour arising inside the house. This is the ordinary origin of those stains which we so frequently see beneath the inner aspect of a window, and which are improperly attributed to water drifting through beneath the sill, possibly for want of "throating"—that is grooving at the front edge of the under surface.

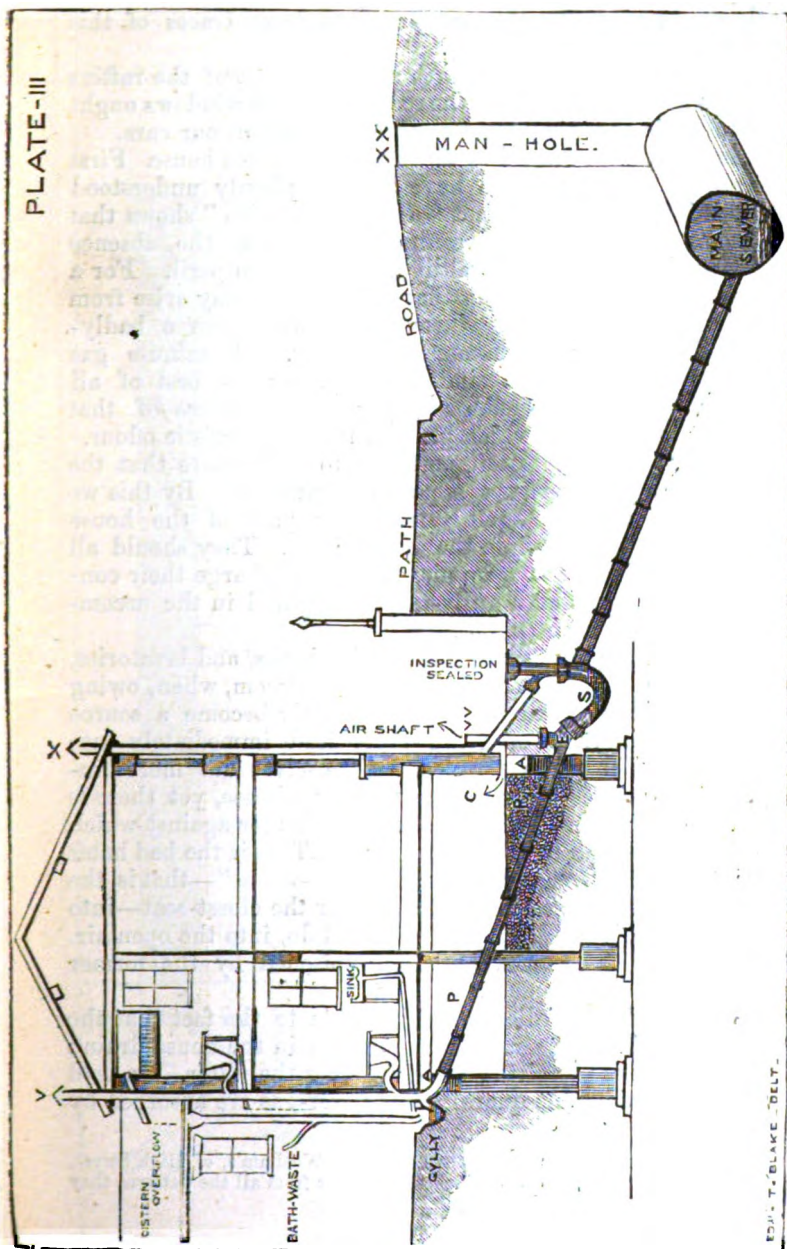
Should it be proved that the weather actually penetrates the wall, then there are three resources from which to take our choice: first, the most healthy and the most artistic is "weather-tiling;" the second best is a good layer of Portland cement; third, the cheapest method is, after a very dry season, to spread the wall with a mixture of pitch and tar boiled together. The two former possess the decided advantage of allowing moisture to pass out, though no wet is suffered to enter. They also permit the free passage of air through the walls, a very vital and important matter too little understood. A distinguished sanitarian has, in his graphic description of a typical "Town of Health," recommended that the walls should be covered inside by some impervious material. Such a plan has been tried on the Continent, and has been followed by serious results. In a perfectly sanitary city, the walls of the houses should be like the investing sheath of our bodies, quite porous and transpirable.

If it be found that the floor of a room be actually below the level of the ground outside, the soil should at once be removed from the wall, air-bricks (the more the better) put in so as to secure a cross-draught, and a dry area constructed.

The bedroom windows may look north, because so many persons object to be awakened early by that too punctual messenger—the sun. Double windows, though not healthy, will always exclude the wind. When we have searched the walls for stains, we naturally observe the tint, and the material employed to decorate them. Distemper is much to be preferred to paint or paper. Most persons nowadays are shy of very bright-green colours, arsenic having been so much talked of in connection with that emerald tint known in this country as Sheele's green, and abroad as Schweinfurth's green. But every one is not aware that nearly any coloured paper may contain a considerable quantity of this deadly poison, especially a French green, known in the trade as "Vert Pistache;" a bright red called "New Red," and a vivid blue, recognised by the makers as "Imitation Azure Blue." Added to these, some imperfectly purified aniline







colours, as magenta, etc., are prone to have traces of this deleterious material.<sup>1</sup>

A simple test of the strength and soundness of the rafters is to jump in the middle of the room, when the windows ought *not* to rattle as if they were coming down about our ears.

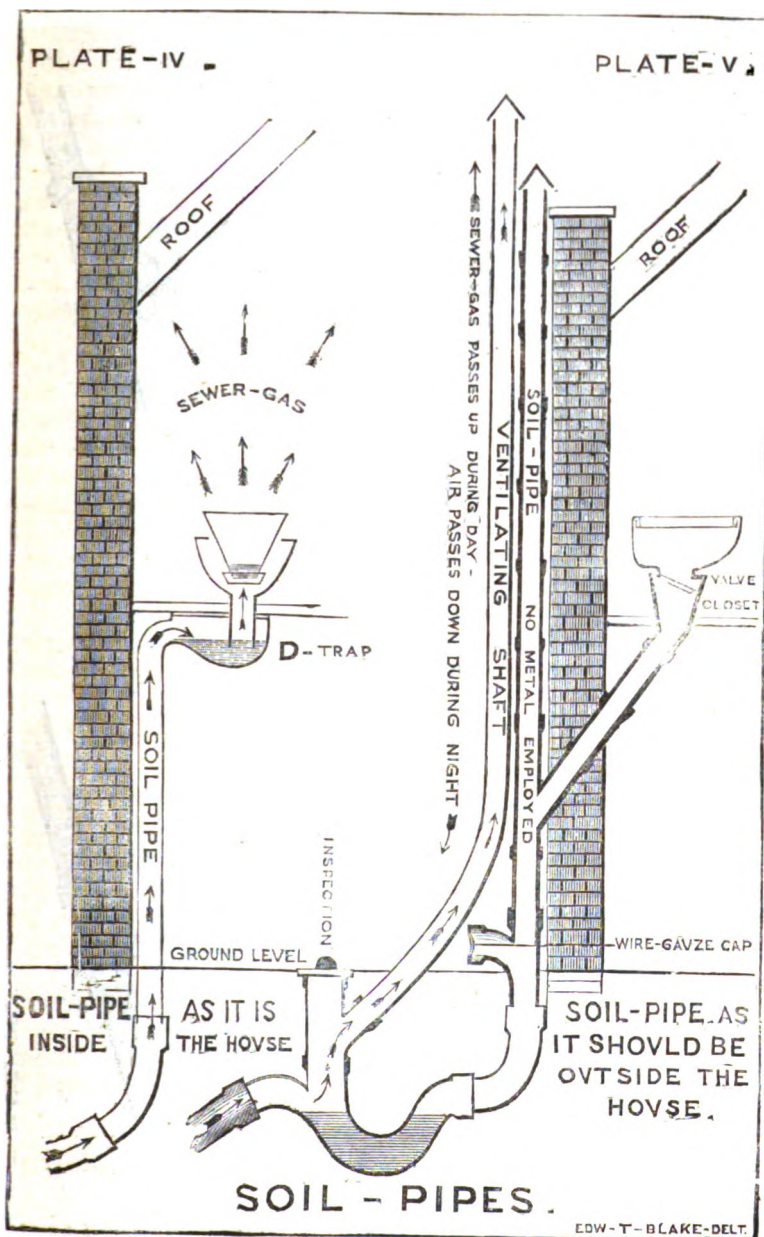
And now with regard to the sanitation of the house. First of all, we should like to have it very plainly understood that it is not more true that "a smell of drains" shows that a house is necessarily insanitary, than that the absence of odour proves it to be healthy and free from peril. For a smell precisely resembling that of sewer-air may arise from condensed smoke oozing through the wall from a badly-steened (lined with masonry) chimney. A minute gas leakage may lead to a similar result, for the best of all reasons—that both smoke and gas contain traces of that element in sewer-air which gives it its characteristic odour.

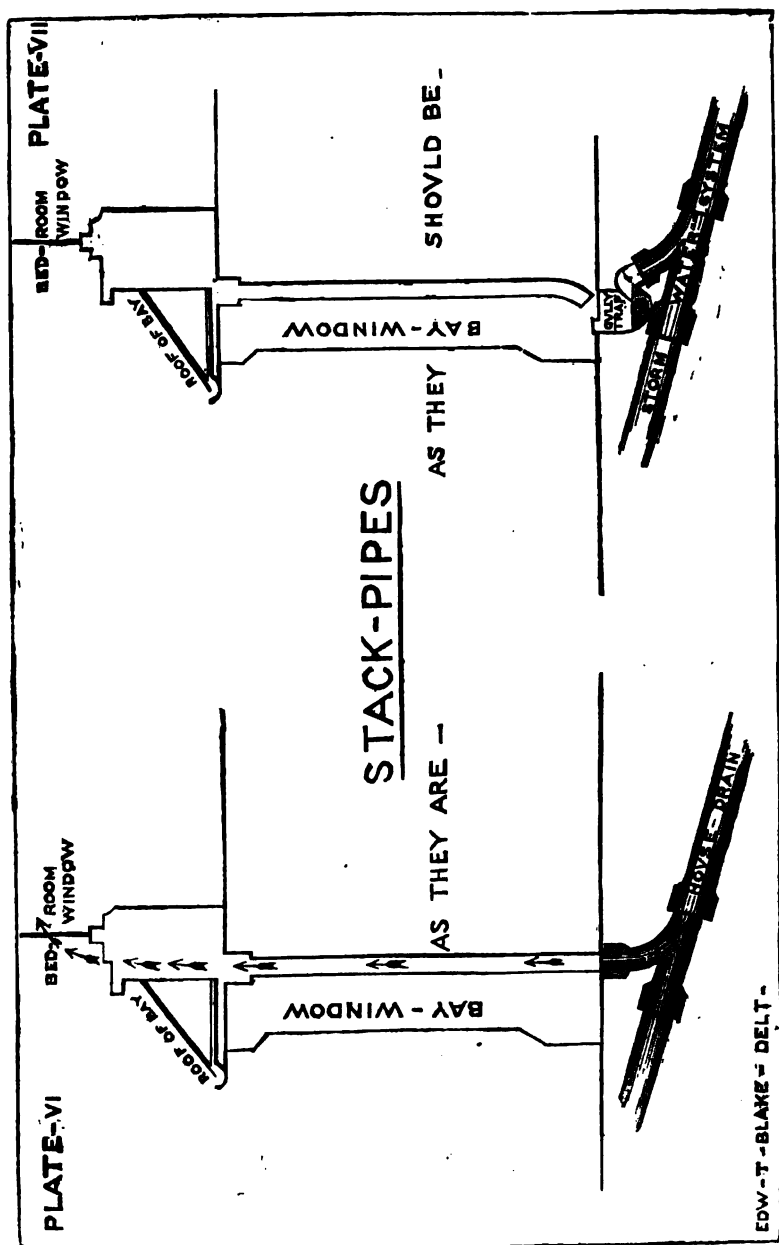
It is of the greatest importance to make sure that the waste-pipes and overflows are all disconnected. By this we mean that no pipe going from any part of the house should pass directly into the house drain. They should all all be cut off in the open air, so as to discharge their contents on the grid of a gully-trap, as figured in the accompanying illustration (p. 69).

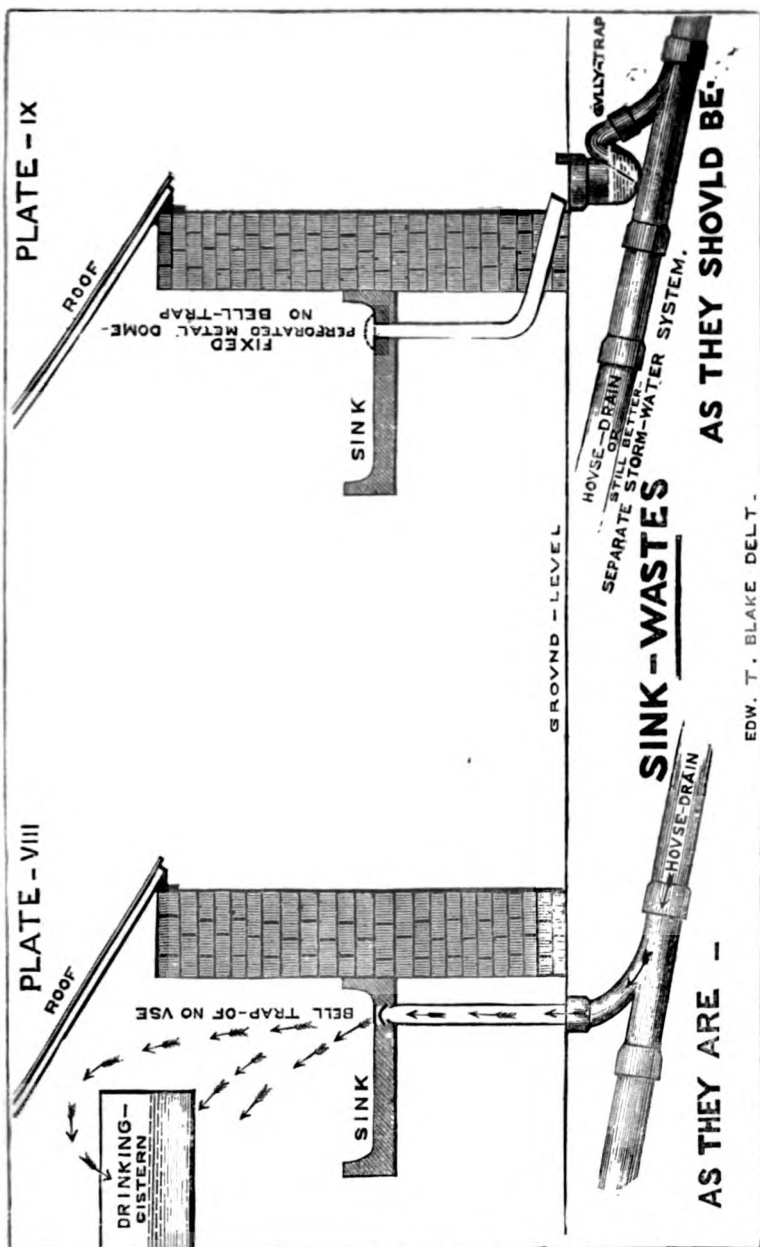
This rule applies especially to sinks, baths, and lavatories, which are so often placed in or near a bedroom, when, owing to this perilous proximity, they frequently become a source of disease, if their outgoing pipes lead immediately into a sewer. Though water-closets themselves are more frequently a source of annoyance than of disease, yet there is connected with them a hidden source of danger against which we should do well to protect ourselves. This is the bad habit which plumbers have of leading the "safe-waste"—that is, the little pipe which drains the tray under the closet-seat—into the soil-pipe, instead of, as they should do, into the open air. The writer had a near relation poisoned by the former unfortunate arrangement.

A great deal of disease is traceable to the fact that the cistern overflow pipe usually terminates in the house-drain; thus bad gas is permitted to hover over the water. In cold weather considerable quantities of sewer-gas are absorbed by

<sup>1</sup> Some respectable firms of paper-stainers, as Woollam's, of High Street, Marylebone, now guarantee the absence of arsenic from all the patterns they produce.—E. T. B.







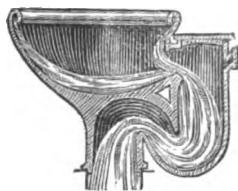
the water, and distributed to the house for drinking and culinary purposes.

Ordinary sinks, slop-sinks, hoppers, and bed-pans will occasionally give offence in the cleanest families. A good and cheap deodorant is figured at Plate X. The annual cost is about sixpence. To prepare for use, fill the vessel with boiling water, the tap being, of course, turned off. Then add a tablespoonful of "ship tar," known to the trade as Stockholm tar. *Gas-tar will not do.* The resulting solution is drawn from below as required. The tap should rise a couple of inches inside the vessel, and fresh hot water should be added before the former supply is removed, to prevent the tar from clogging the tap.

Bath and lavatory wastes, slop-sinks, and drip-trays (under a tap) should in all cases be cut off in the open air, and their contents should discharge on a stoneware gully. Continuity of these let-off tubes with the house-sewer secures a copious supply of sewage-gas, a fertile source of infantile disease. Cellar-drains, dish-stones, and cesspools should be altogether done away with.

It is a good plan to direct the housemaid, after removing slops from the chamber-vessels, to place in each of them a half-pint of plain water; this secures freedom from odour, and prevents the disfiguring deposit of lithates; happily the filthy custom of cherishing these ornaments beneath the bed is abandoned by most decent persons.

The D-trap, as figured in Plate XI., still too frequently to be seen in plumbers' windows, should be abolished for ever. Nothing can make it, and its vile accompaniment, "the container," even tolerable. They should be replaced by a simple S-trap of glazed ware; or still better, the whole complicated business should be put in a sanitary museum, and



BOSTEL'S "WASH-OUT."

some plain wash-out closet, as Bostel's, should be substituted, with a simple siphon, such as Doulton's or Buchan's.



PLATE - x

CHEAP CONSTANT  
**Carabene**  
DEODORANT  
AND  
DISINFECTANT.



SINK

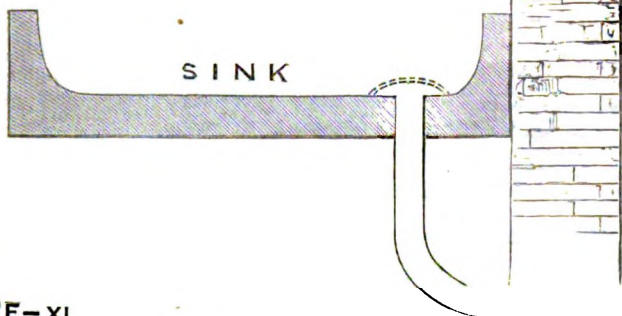
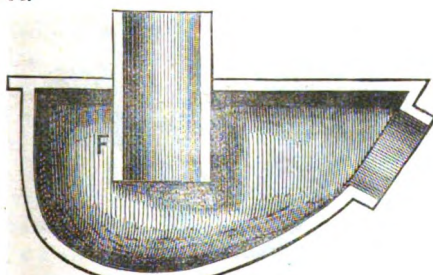


PLATE - xi

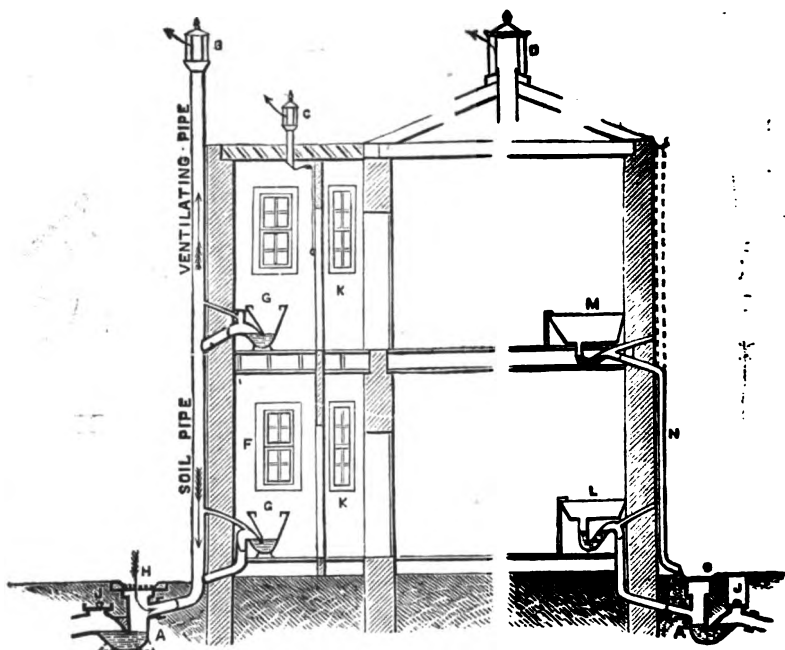


"D"-TRAP

EDW. T. BLAKE - DELT.

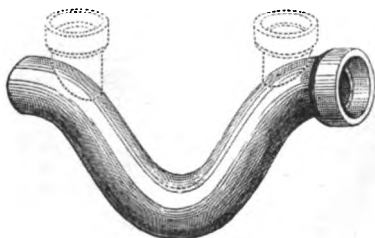


Siphon-traps should be laid full of water to ensure their being set true even if twisted in the kiln; they should



MR. W. PATON BUCHAN'S SYSTEM OF HOUSE SEWERAGE.

always be glazed, and the dip need not exceed one inch; if made very deep, sand will accumulate, and the soil is apt to be retained long enough to disintegrate and fall to the bottom.



DOULTON'S DOUBLE-INSPECTION SIPHON TRAP.<sup>1</sup>

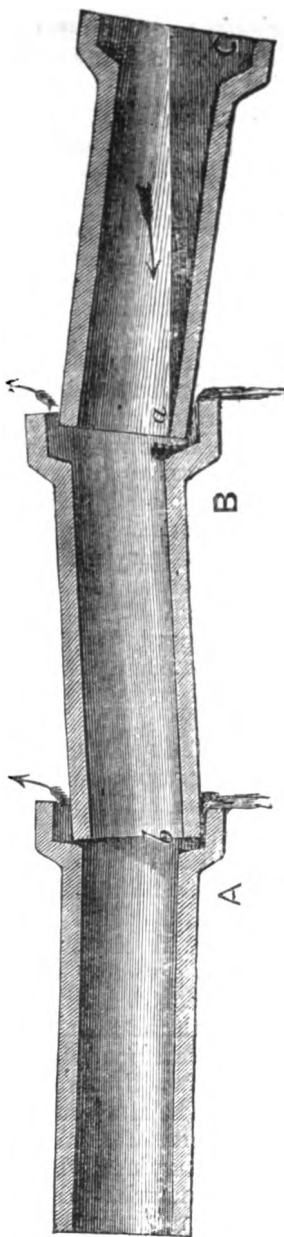
(May be had with a central shaft in addition, for deeply-buried sewers.)

<sup>1</sup> Here the bend is too deep.—E. T. B.

It is the custom with some builders, for the sake of neatness, to let the outer end of a waste-pipe terminate under the gully-grid. This is a tidy plan, certainly, but it is not a good plan; for all kinds of things accumulate on the grating, stop it up, and thus recon-vert the disconnected pipes into a continuous system. Again, ignorant servants will be found covering the gully-trap with a tile "for tidiness," thus driving the bad smells up into the house. The gardener should be directed to clean out all gullies once a week, and fill them when needful, in very dry seasons, with a little deodorant.

Drain pipes should never be set unless on a thoroughly firm foundation. A concrete base is best; if the ground be new made it must be well pounded. If the soil be sandy it is better to dig it out and replace by marl, or else let iron pipes be substituted, with well-caulked joints.

The accompanying cut shows some of the evils resulting from the setting of sewer-pipes in a shifting soil. Many of these evils may be avoided by the use of Stanford's Patent Joint, which may be procured from Doulton and Co. This joint, by means of a ball-and-socket action, allows of



ORDINARY SEWER PIPES.<sup>1</sup>

<sup>1</sup> *b*, owing to its weight, has dropped into the soft cement, squeezing the cement out below, and leaving a space above for escape of sewer-gas. But the dropping of *b* necessarily tilts up *B*. At *B* mason has forgotten to remove spare cement, increased by droppings from above. This hardening forms a dam, helping to divert the sewage down the chink between *B* and *a*.

a certain amount of dropping, without tilting or fracture. It may be laid without the use of cement.



STANFORD'S PATENT JOINT.

All cemented pipes should be left exposed to the air for a week, that they may be approved by the borough surveyor, and that the cement may have a chance of drying before it is buried. As London roads are compelled to be closed the same day, it is better to use iron. Clay puddle-joints, usually employed for main-drains, are quite inadmissible, they let gas and sewage out, and suffer sand to go in; this often leads to dropping of adjacent coal-gas pipes and water mains, with consequent escape of their respective contents.

No one should think of taking a house unprovided with a plan of drains recently endorsed by the sanitary inspector and by the medical officer of health of the district. This plan should be appended to the lease. It has been suggested, too, that a copy be made, which should be framed and hung in an accessible place for the builder to consult when repairs are needed.

Lastly, we shall do well to see that there is some provision made for the low temperatures which in this country we must expect to encounter. What an amount of needless misery is endured by English householders in case of frost through the want of a little forethought! Some simple means for preventing frost-fracture should be devised in every house. Of course we all nowadays know that the bursting of the pipes, "coming with the thaw," is a fiction, and that the fact is, the pipes give way owing to the expansion of the water when it becomes ice. The pipes *leak* with the thaw, but they *burst* with the frost. For this reason lead is to be preferred to iron as a material for constructing pipes which convey water, for it will expand to a certain extent, and should it give way it can be much more readily repaired. The lead has not the danger of saturnine poisoning incurred when used for water-carrying, which it is credited with when employed as a material for constructing an open cistern, and for this reason, that a solution of lead is found not to form without the presence of free carbonic or other acid.

The prevalent plan of leaving a tap to run "just a little" all night, in order to prevent frost-fracture, is most wasteful and objectionable. The water is apt to freeze and fill up the sink, stopping the exit, then to run over and deluge the floor. The pipes should all be emptied at night. This is well worth the trouble.

There are two sets of pipes in every house. First of all, a set running from the main to the cistern. These are called the *supply* pipes. Then there is another distinct set passing from the cistern to various parts of the house. These are known as the *service* pipes. The first point to be attended to is to make sure that there is a stop-cock on the main, at the nearest accessible place after it has entered the premises. Just inside this a draw-off tap is needed to be able to empty the ascending or supply pipes. If it be found that the water will not run, just lift the float of the highest ball-cock, and, atmospheric pressure being brought into play, the water will run at once. The service-pipes are readily emptied by turning on the different taps until all the water be drawn out of the cisterns. This water may be conveniently used for the purpose of flushing the closet, by raising the handle and fixing it up.

Supply pipes should be voided in moderate frosts, but *it is essential during severe winters to empty all the cisterns every night*. If there be a close boiler the fire must be put out before emptying the cistern, or the boiler will blow up, but all close boilers should have two safety-valves. Pipes should on no account be built into the walls, but should always be set out so that they may be readily reached and examined.

In our next issue will appear No. III. of the Hygiene Series—"How to Ventilate a House."

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## FUND FOR THE ERECTION OF A HOMŒOPATHIC HOSPITAL IN MUNICH.

THE Princess of Oettingen-Wallerstein, of Munich, a patroness of Homœopathy these many years, has notified her intention of leaving 50,000 marks for the erection of a homœopathic hospital in Munich.

THE SESSION FOR 1881 OF THE INTERNATIONAL  
HAHNEMANNIAN ASSOCIATION.

By E. W. BERRIDGE, M.D.

As Corresponding Secretary of the above Association, it becomes my duty to write a report of the first regular session thereof for the benefit of British homœopathic physicians.

This Association, it is hardly needful to report, was established last year at Milwaukee, and consists solely of *pure homœopathic physicians*, men whose belief and practice are strictly in accordance with the practical teaching of Hahnemann's Organon. The Association then consisted of less than twenty members, comprising (with one exception) simply those few who were present at Milwaukee, and who assisted in its foundation.

The first regular session was held at Brighton Beach Hotel, Coney Island, N.Y., on June 14th—16th. Of the original founders there were present Drs. P. P. Wells (President), Ad. Lippe, T. F. Pomeroy, G. F. Foote, C. Pearson, J. P. Mills, and E. Rushmore, the latter of whom was elected secretary *pro tem.*, in the absence of the secretary, Prof. H. C. Allen.

The president, the veteran Dr. P. P. Wells, of Brooklyn, delivered an exceedingly able address on "The Philosophy of Homœopathy."

New members were then elected. Through an unavoidable accident, the papers of application sent by the secretary did not arrive in time, consequently only those actually present, or who were known to those present to be desirous of membership, could be elected; but, upon the motion of Dr. S. Swan, those omitted were to be subsequently elected by voting papers to be prepared specially for this occasion. Our apparent numbers thus fell short of the true estimate, but, in addition to the original founders, the following thirty-six physicians were elected:—Drs. E. Bayard, E. Carleton, jun., C. Lippe, H. I. Ostrom, and S. Swan, of New York; R. H. Bedell, of Tremont, N.Y.; J. B. Bell, F. Bruns, and W. P. Wesselhœft, of Boston; J. A. Biegler and Julius Schmitt, of Rochester, N.Y.; T. P. Birdsall, of Wappinger's Falls, N.Y.; T. J. Brown, of Binghamton, N.Y.; C. W. Butler, of Montclair, N.J.; G. H. Clark, Adolph Fellger, W. J. Guernsey, W. M. James, E. J. Lee, and C. Carleton Smith, of Philadelphia; J. B. G. Custis and H. Hatch, of Washington, D.C.; J. L.

Dunn, of Titusville, Pa.; R. R. Gregg, of Buffalo, N.Y.; J. F. Griffin, of Williamsport, Pa.; J. Hall, of Toronto, Canada; J. R. Haynes, of Indianapolis; W. H. Kern, of McKeesport, Pa.; J. F. Miller, of Newark, N.J.; Laura Morgan, of San Francisco; E. B. Nash, of Cortland, N.Y.; G. Pompili, of Rome, Italy; Leila A. Rendell, of New Haven, Conn.; J. C. Roberts, of New Utrecht, N.Y.; Thos. Skinner, of Liverpool, England; and L. B. Wells, of Utica, N.Y.

It will thus be seen that we are supported by the survivors of the Old Guard, that our Association is truly *international*, and that the lady physicians are worthily represented amongst us.

The *Homoeopathic Physician* was, on the motion of Dr. Pearson, endorsed as the organ of the Association.

Dr. Pearson was elected delegate from the Association to the recent World's Convention.

The bureaux for 1882 were appointed as follows:—*Materia Medica*, Ad. Lippe, M.D.; *Surgery*, J. B. Bell, M.D.; *Obstetrics*, etc., T. L. Brown, M.D.; *Clinical Medicine*, G. F. Foote, M.D.

The officers for 1882 were elected as follows:—

*President*—C. Pearson, M.D.

*Vice-President*—T. F. Pomeroy, M.D.

*Secretary*—Walter M. James, M.D.

*Corresponding Secretary*—E. W. Berridge, M.D.

*Treasurer*—Ad. Lippe, M.D.

*Chairman of Board of Censors*—Ad. Lippe, M.D.

The essays presented to the Association were varied and important. Besides the president's admirable address, Dr. Ad. Lippe presented a valuable paper on *Drug-proving*, pointing out the true method of Hahnemann, and the danger of departing from his instructions. Dr. Leila A. Rendell, of New Haven, one of the most accurate and successful physicians in our ranks, presented a remarkable proving of *Ammonium-carbonicum*. This lady, as the proving shows, is certainly one of the most worthy of our "noble army of martyrs." Dr. H. J. Ostrom sent a good paper on *Conservative Surgery*, with illustrative cases. Dr. L. B. Wells wrote on *Abnormalities of Labour*. Dr. C. Lippe gave a short but very practical paper on *Diseases of Infants*, containing a large number of characteristic indications. Dr. G. F. Foote presented a paper on *Similia similibus curantur*, and Dr. Ad. Fellger one entitled *Magna est veritas et præ-*

*valet.* Dr. E. J. Lee, the editor of the *Homœopathic Physician*, wrote an excellent essay on *Pathological Prescribing, a science falsely so called*, which the pathological school who claim our name of Homœopaths will find some difficulty in answering.

Dr. W. P. Wesselhœft reports several cases cured by high potencies of metals, thus practically refuting the theories adopted by his namesake, Dr. C. Wesselhœft. Dr. G. H. Clarke writes a paper entitled the *False and the True, a Warning*, illustrating it with a remarkable case of keratitis cured with *Euphrasia*. Dr. Berridge sent a case of hydrophobia. Dr. Rushmore reported several interesting cases, especially one of spinal disease cured chiefly with *Agaricus*. Dr. R. R. Gregg records some frightful cases of hydrocephalus cured by rarely repeated doses of high potencies. Dr. J. F. Miller reported a severe case of prolapsus of hæmorrhoidal tumour and rectum in a man of seventy-three, and a severe case of diphtheria; and Dr. Pearson gave a thoroughly logical paper, illustrated with cases, on *Legitimate Homœopathy*.

The whole of these papers are given, without abridgment, in the July number of the *Homœopathic Physician*, extending to eighty-four pages. All true *Hahnemannian* physicians are invited to join the Association.

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### MR. LISTER'S PEACOCKS' FEATHERS.

THAT new departure in surgery sometimes called Listerism, or antiseptics, is, it seems, not of right Listerism at all, but *Déclatism*, if we must needs have it an ism at all. We read in *La Science Libre*, under the title "*Une Revendication Scientifique*," a long letter from Dr. Déclat, addressed to the President of the Academy of Medicine of New York, in which Dr. Déclat clearly proves that to call the antiseptic method Listerism is the merest nonsense. If Mr. Lister is to go down the corridor of time as the originator of antiseptics it must be with the aid of crutches, for M. Déclat published a work on Carbolic Acid in 1865, and sent it to Sir James Simpson, of Edinburgh, and it seems pretty evident that Mr. Lister made his first application of carbolic acid in 1867, in consequence of reading in Dr. Déclat's *Acide Phénique* that carbolic acid had been publicly used by Dr. Déclat in 1861 at the *Hospice St. Jean de Dieu* in the presence of Dr. Gros and of Professor Maissonneuve. This fact was well known

to Sir James Simpson, whose pupil Lister was, and Simpson accused Lister of plagiarising M. Déclat.

If Mr. Lister really wants to discover something new he had better take a quiet run through our homoeopathic literature, and then he can take his choice between—say—*Aconitum Napellus* in traumatic fever, or *Arnica Montana* in the same, or *Calendula Officinalis* in clean surgical cuts, or *Hypericum Perfoliatum* in traumatic nerve lesion. It is really a shame to rob poor M. Déclat of his *Acide Phénique*, when there are so many such pharmacological trifles knocking about in the *terra incognita homoeopathicorum*. M. Déclat hopes that if there be no *America* for him there will be, at least, a little *Columbia* saved up for him.

We often wonder how long the antiseptic craze is likely to last; to say the least, it is ridiculously overrated, and cause and effect stand topsy-turvy.

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## LITERATURE.

### NOSODES AND HIGH POTENCIES.<sup>1</sup>

DR. SWAN has propounded the theory "that morbid matter will cure the disease that produced it, if given in a high attenuation, and to any other than the person from whom it was obtained." Dr. Theobald touched upon the same subject in our last issue in his paper entitled "A Hair of the Dog that Bit."

The pamphlet before us clinically illustrates Dr. Swan's generalisation. We do not quite see wherein this differs from the old isopathy so called. The nosode question can neither be ignored nor laughed out of existence, and at present we offer no opinion on the subject. Still, we would suggest that no man has a right to condemn the use of nosodes unless after a fair trial of them. Dr. Swan seems to us to be an honourable man and a sound physician, and we believe he speaks the truth; consequently we intend to put his statements to the test at the bedside whenever occasion shall offer.

Of *Psorinum* we have large experience, and words can hardly express our satisfaction with its great efficacy in the

<sup>1</sup> Nosodes and High Potencies, with Clinical Cases illustrative of their action. By Samuel Swan, M.D. Second Edition.



most severe forms of disease; at present, however, we are only learning. If ever we think we have mastered the lesson we shall come forward and try to teach it to others. *En attendant* our thanks to Dr. Swan for his honest efforts to widen the scope of our usefulness. We always feel grateful to any one who can teach us how to cure. Our use of *Psorinum* we learned from Hering, and we generally keep to the thirtieth. Dr. Berridge and Dr. Skinner esteem Dr. Swan's generalisation very highly.

### THE PRINCIPLES OF DRUG SELECTION.<sup>1</sup>

THIS is a lecture that was delivered by Dr. Pope at the London School of Homœopathy last October, and which has already appeared in the *Review*.

Our author does well to reprint it, and we hope it will be widely circulated, for it deals with scientific facts that cannot be gainsayed. Colleagues would do well to procure this lecture by the hundred, and strew it broadcast wherever they go. Messrs. Gould and Son would no doubt supply it at the mere cost of printing and paper. Let us not rest till we have converted the whole world to Homœopathy, and vindicated our honour as practitioners of scientific medicine and benefactors of our kind. This lecture is well suited for gratuitous circulation, as it is written in sober language, and gives important statistics, which stamp the statements lately made by Sir William Jenner and Dr. Wilks at the College as false and slanderous.

### OTIS CLAPP AND SON'S VISITING LIST AND PRESCRIPTION RECORD (PERPETUAL).<sup>2</sup>

THE distinguishing feature of this elegant and handy pocket visiting list is that the dates are left blank to be filled in by the physician himself; and hence it will do for any year or years, and a busy month may occupy more space than a dull one. The almanack is for 1882 and 1883.

It contains some useful information: an obstetrical calendar in the form of a dial (Schultze's), short notes on the pulse, respiration, dentition, disinfectants, and poisons and their antidotes. In form and get up it is perfect.

<sup>1</sup> On the Principles of Drug Selection. By Alfred C. Pope, M.D., President of the British Homœopathic Society, Lecturer on Materia Medica at the London School of Homœopathy.

<sup>2</sup> Otis Clapp and Son's Visiting List and Prescription Record (Perpetual). Boston and Providence: Otis Clapp and Son.

## A LETTER TO THE MEDICAL ACTS COMMISSION.<sup>1</sup>

WANT of space precludes us from entering very fully into the subject of Dr. Bayes's Letter; but we consider it our duty to call attention to it, and to recommend our readers one and all to procure it, to read it, to send it everywhere to everybody, and then to sign Dr. Bayes's Petition, and remit it to their respective Members of Parliament. A new era has dawned upon Homœopathy in this country; we will no longer be trodden down and vilified as if we were unworthy members of the profession, simply because we think for ourselves and treat ourselves, our own loved ones, and our patients generally, according to Hahnemann's great law. We have cast off the hateful yoke of medical trades-unionism, and are free, and intend, with God's help, to remain so. The position taken up by Dr. Bayes in this Letter is simply that all British subjects are in matters medical to be free to act according to their own consciences without let or hindrance.

Those who want allopathy, let them have it to their hearts' content. Dr. Bayes does not ask—homœopaths in general do not ask—that any of the liberties enjoyed by allopaths should be curtailed; it is merely asked that homœopaths and allopaths should be put upon exactly the *same* footing, with the same duties and the same rights and privileges.

Dr. Bayes has drawn up a form of Petition in accordance with the propositions included in his Letter. Such petitions should be forwarded by each petitioner through the Member of Parliament for his own county or borough. For any further particulars and form of petition, application may be made to Dr. Bayes, 88, Lansdowne Place, Brighton.

In conclusion, we beg to thank Dr. Bayes for the great public work he is doing. May his hands be strengthened therein; and we trust that any opposition he may meet with, whether from within or from without, will only stimulate him to yet more persistent efforts to put Homœopathy into its rightful position.

<sup>1</sup> A Letter to the Medical Acts Commission on the Claims of the Homœopathic Public and Homœopathic Physicians to Consideration under any New Medical Act. By Dr. William Bayes. London: Hamilton, Adams, and Co., Paternoster Row. Brighton: H. and C. Treacher, 170, North Street. 1881.

## FORM OF PETITION PROPOSED BY DR. BAYES.

*The humble Petition of* *showeth—*

That the claims of a large number of Her Majesty's subjects who elect to be medically treated by physicians and surgeons practising the homœopathic system of medicine, deserve serious consideration in any new Medical Act.

Firstly. That physicians and surgeons professing to treat disease homœopathically shall have been duly instructed in this "particular theory of medicine or surgery," and shall have acquired a competent knowledge of such theory and practice previously to their openly professing to practise that branch of the profession.

Secondly. That in furtherance of this purpose your petitioner prayeth that the London School of Homœopathy shall be recognised as a School of Medicine, and that the lectures delivered within its walls shall be recognised as qualifying students for examination in the subjects therein taught.

That the lectures at present in course of delivery at the London School of Homœopathy are :

Firstly. The Institutes of Homœopathy, including its principles, history, and literature.

Secondly. Homœopathic Materia Medica and Therapeutica.

Thirdly. The Principles and Practice of Homœopathic Medicine.

Fourthly. Clinical instruction within the walls of the Homœopathic Hospital.

That the London Homœopathic Hospital is situated in Great Ormond Street, Russell Square. It possesses seventy-four beds (fifty-five now being occupied, the remaining beds lying empty only until funds permit of their being filled). Its medical staff consists of five registered practitioners, having charge of in-patients, besides several registered medical men in attendance on the out-patients' department. It is thus capable of affording a fair amount of clinical instruction, and we beg to submit that this institution should receive recognition as an educational medical establishment.

Therefore your petitioner prayeth—

I.—That in the provisions of any new Medical Act those clauses in the Medical Act of 1858, and in the subsequent amendments of that Act, which provide freedom of opinion in medical matters may be continued, and that the liberty granted under the Act 1858 to candidates for examination be continued, and that the provisions for ensuring medical liberty be so enlarged as to cover, not only the right to hold

and to practise any "particular theory of medicine or surgery," but also to extend to physicians and surgeons (whose qualifications entitle them to lecture) the right to teach any "particular theory of medicine or surgery" to students.

II.—Your petitioner prayeth that it may be made illegal under the proposed new Act for either the licensing or teaching bodies, or for the authorities of any university, college, school, hospital, or infirmary to expel from its staff of physicians or surgeons, or to exclude from its staff of lecturers, any physician or surgeon on account of any particular theory or practice of medicine or surgery which he may think fit to adopt.

III.—Your petitioner further prayeth that it shall be expressly forbidden to any university, college, or society to pass any laws compelling its members to refuse to consult with any duly licensed and qualified medical or surgical practitioner on account of his having adopted any "particular theory of medicine or surgery," and that it shall be illegal to enforce any penalties against any member for so doing, on the part of any university, college, or society. Though individually any qualified or licensed practitioner may refuse to meet any other qualified practitioner, in consultation, from private or professional reasons.

IV.—Your petitioner prayeth that these further extensions of protection for the free exercise of their professional liberty, to the members of the medical profession, may be so carried into the laws affecting the medical profession, as to preserve full liberty for the development of science in all matters relating to the profession of medicine and surgery; and that the law of medical liberty may no longer be defeated by combinations of members of the profession bound together for the purpose of curtailing the rights granted by the law of the land.

V.—Your petitioner further prayeth that in the constitution of the new Medical Council, care shall be taken that the body of homœopathic practitioners shall be fairly represented within the Council.

VI.—Your petitioner prayeth that the London School of Homœopathy and the London Homœopathic Hospital shall be recognised as schools of special medicine, and shall be empowered to grant to any candidates desiring to practise as homœopathic practitioners, and who have passed an examination in Homœopathy to the satisfaction of the authorities of the said school, a diploma of Licentiate in Homœopathy, and that no one shall assume this title without the authority of the London School of Homœopathy.

VII.—Your petitioner lastly prayeth that a clause shall be inserted in the new Medical Act providing for the establishment of new Medical Schools under certain provisos; such schools are not to be refused recognition on account of any "particular theory or practice of medicine or surgery" which may be taught within their classes.

[The above petition, somewhat modified, was adopted at a recent meeting of many influential practitioners of Homœopathy on January 26th.]

### OPINIONS ON DR. BAYES'S LETTER AND PETITION.

THE following letters have been received by Dr. Bayes, and we have pleasure in giving publicity to them. As representatives of science in therapeutics it is a sacred duty to maintain our rights.

Bournemouth, January 6th, 1882.

Dear Dr. Bayes,—How I marvel at the undying energy with which you continue to keep the true interests of man and medicine before you!

Please send us (we are *three*) forms of petition in good time, that we may forward them to our M.P.'s. I suppose, as I have left York, I can't do much with Messrs. Leeman and Craik; moreover I am not on their side.

Yours truly,  
(Signed) T. M. NANKIVELL.

9, Chester Square, S.W., January 5th, 1882.

Dear Dr. Bayes,—I thank you for sending me your letter to the Medical Acts Commission, and what is better, I thank you for having written it.

It is a very good letter, well planned; and a very necessary thing to be done at a very fitting time.

Believe me, yours sincerely,  
(Signed) ARCHIBALD HEWAN.

Hambrook Court, Hambrook, near Bristol.  
January 5th, 1882.

My Dear Sir,—I have received your excellent letter this morning "To the Medical Acts Commission," and beg *personally* to thank you for getting it up at the present juncture, as no doubt it will influence the minds of the Commissioners, and very likely be the means of breaking

up the trades-union-medical-monopoly of Great Britain. If it accomplishes this (and it is very likely) you will have the proud satisfaction of having felled the greatest medical banian tree that ever had grown in the domain of progress. The meeting the other day of the College of Physicians, of which *Jenner* was chairman, and *Wilks* chief spokesman, will be viewed by the members of the College themselves, a very few years hence, not only with *regret* but with *SHAME*. Surely the members of the Commission will see the *snobishness* of the *high priests* of the medical profession, and how *humanity itself* can be relentlessly trampled upon, and *life* allowed to pass away before God's appointed time, merely to gratify *selfish ends* and to uphold the *tyranny* of a *power* that is felt to be insufferably oppressive. If legal support were taken away from old school practice, and these men had to depend on *success in curing*, and all treatments were on one common level, the school would fall at once, and great would be the fall thereof. It is legal status and *possession of the loaves and fishes* that give the prestige!

If all schools of medicine were made equally legal, the therapeutics of medicine would advance with rapid strides, hospitals would be less filled, and life be soon greatly extended.

I do hope your present effort will tend to inaugurate a new order of things. Your pamphlet will UNDO all that the meeting of the College of Physicians intended to accomplish.

Wishing you the compliments of the season and a *healthy* year, the best of all wishes,

Believe me, my dear Doctor,

Faithfully yours,

(Signed)

S. EADON.

N.B.—I have left Stroud and retired from practice.

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Moor Park, Rickmansworth, January 12th, 1882.

Dear Dr. Bayes,—Your letter of the 10th and the draft of the petition which accompanied it were read to me yesterday carefully.

I am pleased with the petition, and though not qualified to criticise it in every particular, cannot see why any alteration should be made. I think also that care has been taken in drawing it up to make it as full as possible. I hope before long to have your printed letters submitted to me.

I remain, faithfully yours,

(Signed)

EBURY.

Moor Park, Rickmansworth, January 13th, 1882.

Dear Dr. Bayes,—Your pamphlet-letter was read to me this morning. The documents you previously sent me are its complement.

These together complete our case. The information interested me much, and though in a great degree not altogether new, it is very carefully and industriously put together, and I do not see how our case could be better laid before the public—irreproachable in tone and temper (a rare and valuable quality, "*et d'autant plus agréable qu'il est rare,*" in these matters). Pray again accept my sincere acknowledgments of thanks for what you have done. Conduct, quite as much as courage, is necessary in carrying on war, and you have vindicated your title to both.

Yours very truly,  
(Signed) Ebury.

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### THE LICENTIATESHIP IN HOMŒOPATHY.

THE following new rules were carried at a *special meeting* of the School held on Dec. 15, 1881:—

I.—“That any student who has ‘diligently attended the lectures during one winter and one summer session of the School, and who passed satisfactorily an examination in the Principles, Materia Medica, and Practice of Homœopathy, and who has passed a clinical examination in the wards of the Hospital, shall be awarded the diploma of ‘Licentiate in Homœopathy,’ and shall be entitled to add ‘L.H.’ to such titles qualifying him to practise as he may possess or hereafter obtain.”

[The above law was agreed to on the understanding that the diploma of Licentiate in Homœopathy shall not be conferred on any candidate until he has obtained a legal qualification to practise medicine or surgery in Great Britain or in the country or state to which he belongs.

The candidate may, however, be *examined* immediately after his attendance on the courses of Homœopathy has been completed; but the diploma of L.H. in such case will not be handed to the candidate until he has satisfied the President and Examiners of the London School of Homœopathy that he possesses a legal title to practise medicine in this country or in that in which he has studied medicine.]

II.—“For the diploma so obtained a fee shall be paid; the amount of such fee to be determined hereafter by the committee and council from time to time.”

III.—“Physicians and surgeons who are of good repute, and who have practised medicine or surgery for five consecutive years preceding the 25th of December, 1881, may be elected, without examination, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy before the end of December, 1883, and are elected by the vote of the majority of the members of the Medical Council.”

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## CORRESPONDENCE.

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[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### VERATRUM ALBUM IN PERITONITIS AND CYSTITIS.

DEAR SIR,—I frequently observe in cases of disease treated and reported in the various homœopathic journals that the reason for the choice of the remedy is not clearly shown. I therefore forward you an interesting case, which not only clearly points out the remedy in accordance with the “Law of Similars,” but shows how *perfect that law is* in its results when carried out in strict accordance with Hahnemann’s teaching. It may interest and possibly help some of your readers if I put my mode of working cases in full. It is a plan I have used for a considerable time with the best results, and it has this advantage besides, that by keeping the working it shows at a glance what other medicines come nearest after the one selected.

Mrs. W., age 60, had the following symptoms associated with acute cystitis. General HOT, EXHAUSTING perspiration (giving no relief), especially on the HEAD; hair saturated; BITTER VOMITING; TYMPANITIC DISTENTION of the abdomen, with TENDERNESS TO TOUCH; desire for large quantities of



cold water; temp., 104; pulse only 80. Bœnninghausen's Fever Repertory was used. *Veratrum* relieved the patient IMMEDIATELY, and every symptom mentioned, as well as the cystitis, was completely removed in two or three days. The 3rd dec. of *Verat.* was given. I gave it low on account of the weak state of the heart.

Hot Sweat.	Sweat on Head.	Exhausting Sweat.	Bitter Vomiting.	Tympanitic Distention.	Bowels Tender to Touch.	Total of Symptoms.
Anac.	Anac.	...	...	...	...	...
Asar.	...	...	...	...	...	...
Bell.	Bell.	...	...	...	Bell.	3 Bell.
Bry.	Bry.	Bry.	...	...	...	3 Bry.
Camp.	Camp.	Camp.	...	...	...	...
Canth.	...	Canth.	...	...	Canth.	3 Canth.
Carb.-V.	Carb.-V.	...	...	Carb.-V.	Carb.-V.	4 Carb.-V.
Cham.	...	...	Cham.	...	Cham.	4 Cham.
China	China	China	China	China	...	5 China
Digit.	Digit.	Digit.	...	...	...	3 Digit.
Dros.	...	...	...	...	...	...
Helleb.	...	...	...	...	...	...
Ignat.	...	...	Ignat.	...	...	...
Ipec.	Ipec.	...	...	...	...	...
Kreos.	...	...	...	...	...	...
Lach.	...	...	Lach.	Lach.	...	3 Lach.
Led.	Led.	...	...	...	...	...
Opium	Opium	...	...	...	...	...
Paris	Paris	...	...	...	...	...
Phos.	Phos.	Phos.	...	...	Phos.	4 Phos.
Podoph.	...	...	...	...	...	...
Puls.	Puls.	...	Puls.	...	Puls.	4 Puls.
Sabad.	...	...	...	...	...	...
Sepia	Sepia	Sepia	...	Sepia	...	4 Sepia
Silic.	Silic.	Silic.	...	Silic.	...	4 Silic.
Stan.	...	Stan.	...	...	...	...
Staph.	...	...	...	...	...	...
Stram.	...	...	...	...	...	...
Thuja	...	...	...	...	...	...
Verat.	Verat.	Verat.	Verat.	Verat.	Verat.	6 Verat.

*China* gives five symptoms, with desire for *small* quantities of water. *Verat.* gives six symptoms, and desire for *large* quantities of water. It also covered the urinary symptoms present in connection with the inflammation of the bladder. Although this may appear at first sight to take a good deal of time, I am convinced it is the shortest in the end, as well as the truly scientific mode of finding the remedy, and proves that Homœopathy is a *positive science*. In the case reported above I feel sure that had the in-

flammation lasted twelve hours longer, and *then* been removed, the patient would not have rallied, for as soon as the fever had subsided, such was the prostration caused by an action of the bowels that the pulse fell below 50 on account of the weak state of the heart, as will have been observed by the pulse being only 80 when the temperature stood at 104.

I am, Dear Sir,

Yours truly,  
MEDICUS.

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### DR. SKINNER ON MELITAGRINUM.

SIR,—My attention having been directed to an article in the *Homœopathic World* for January this year, namely, "A Hair of the Dog that Bit," with your permission I should like to make the following observations upon it. To all intents and purposes this paper by Dr. Theobald contains his experience of a nosode of my own, and which as yet has never been made known publicly to the profession, at least by me or by my consent. The name by which it was christened, if you remember aright, was suggested by yourself when I had the honour of your professional acquaintance at Liverpool. The name you gave it was *Melitagrimum*; whether "inharmonious" or not is from the point.

Dr. Theobald gives me credit for having prepared it originally from a case of *crusta lactea*, but he says nothing of my having presented him gratuitously with the means of curing the cases he has published, and of enabling him to state that *Melitagrimum* has almost invariably helped him in the cure of eczema; and he further adds, "I have become accustomed to rely on it as one of the most valuable remedies in the treatment of these skin affections, which are often so obstinate." Instead of thanks, Dr. Theobald makes a direct personal attack upon me, and gratuitously informs your readers and the homœopathic public that if Dr. Skinner "would devote himself to the practical part of Homœopathy, and refrain from polemics, he might render useful service to medical art." Thanks, Dr. Theobald, but such left-handed thanks come strangely from one on whom I conferred a very great favour, and which you have not had the grace to acknowledge, especially a favour of so "practical" a kind, a remedy which by your own showing is simply "invaluable" in the most obstinate of skin affections.

When I presented this nosode to Dr. Theobald it was with the direct understanding, fully expressed in writing, that any cases cured or modified by *Melitagrimum* were to be sent to me. I sent samples to other physicians with the same express order, so that when I made the nosode public I could herald its approach, and ensure it a ready reception. Instead of that, it is here offered piece-meal, and appears in a purely empirical form. Further, Dr. Theobald has stated that *Melitagrimum* "is really the secretions—pus, lymph, and blood—derived from a severe case of crusta lactea." My *Melitagrimum*, which I gave to Dr. Theobald, is made from the lymph and blood only—there never was pus in it. Crusta lactea is a pure eczema, and is a vesicular, rarely a pustular affection.

In conclusion, I should not have taken notice of this want of generous feeling on the part of your contributor, had it not been for his unasked-for and undeserved personal remark about my refraining from polemics. Would you be surprised if I told you that, after presenting Dr. Theobald with this invaluable nosode, an unpleasant epistolary correspondence turned up between us—to protect myself from which I wrote him stating that "further letters shall be returned unopened," and one was returned, if I remember rightly. Not to be done, this same Dr. Theobald, who charges me with too great a love of "polemics," by which, I presume, he means controversy, sent me two *Postal-cards*, which did not require to be opened, but of which no notice has been taken until now. Disgusted with my silence, he has entered upon a more public platform, but where I shall leave him, having had my say.

I will just add, that if any of your professional readers wish a graft of *Melitagrimum* in a "transcendental elevation," which Dr. Theobald owns acts in an "invaluable" way, I shall be most happy to supply them if they enclose a stamp for postage, and promise to give me a report of any cures they may effect, with full details. When I launch my barque, it will be full-rigged and provisioned for the voyage of its life.

THOMAS SKINNER, M.D.

25, Somerset Street, Portman Square, W.,  
January 4th, 1882.

[We blushinglly confess to the philological parentage of the "inharmonious" *Melitagrimum*, and which our friend Dr. Skinner has affiliated to us. The fact is, we have no

ear for harmony, so that the inharmoniousness of our offspring is not to be wondered at. There are several other chips (*not* philological) off the same block, whose vocal exercises often partake of the same quality—especially at the evening tubbing, but we love them none the less.—ED. H. W.]

### DR. NEVILLE WOOD ON VACCINATION.

SIR,—Two of your correspondents, professing to consider my letter to Mr. Peter Taylor, M.P., unworthy of consideration, have rather illogically sent you long replies to it. Dr. Haughton and Mr. Ward both assume that Mr. Taylor would not notice the said letter. On the contrary, he favoured me with a long and courteous answer almost by return of post.

Dr. Haughton is so much at a loss for arguments against vaccination, that he drags in my opinions upon vivisection, a subject upon which I feel warmly, though it was not alluded to in the letter to Mr. Taylor. I will only here say that the cruel and cowardly practice of vivisection, which has done so little to advance science, is justly held within narrow limits by the law of our land. Dr. Haughton is much disturbed by the idea that vaccination subjects the system to an “infection with septic matter, capable of maintaining an independent life within the human organism.” This is a roundabout way of saying that the majority of mankind are, or ought to be by this time, hopelessly poisoned. But, in fact, “septic matter” and “independent organisms” abound everywhere—in the food we eat, in the water we drink, and in the air we breathe.

Small-pox did not always deal tenderly with the upper any more than with the artisan classes. I have examined thousands of children who have been vaccinated, and I assert that in but a few cases have evil results followed, except when vaccination has been improperly performed, or when the children have suffered from previous indisposition. But anti-vaccinators have so excited a portion of the community, that many parents attribute whatever disorder may arise after vaccination to the “septic matter.” Children who have never been vaccinated are often brought to me suffering from cutaneous maladies, which would otherwise have been ascribed to vaccination; and the same thing often happens where neither of the parents has been vaccinated.

Vaccination, like all other good things, sometimes works mischief. It must be carefully used, and no mischief is likely to follow. But the anti-vaccinators affect to believe that vaccination is answerable for nearly all the evils that flesh is heir to. I do not swallow all that is written in the *Anti-Vaccinator* and such-like one-sided literature, with which my waste-paper basket has made frequent acquaintance.

Mr. W. G. Ward, who must surely dream every night that he is fighting an army of vaccinators, also describes vaccination as "sowing filth in human bodies." Now pure lymph taken from a healthy child is no more filth than is water distilled from a muddy stream, or than the flesh, properly cooked, of animals. The muddy water and the raw meat would be more or less odious and injurious. So bad lymph is hurtful, and pure lymph is beneficial. Mr. Ward, though still far from being a model for polite letter-writers, has considerably improved in style since you courteously rebuked him for his reply to Mr. Hands. He may yet even become a vaccinator!

It is doubtful whether the mind of the confirmed anti-vaccinator is capable of accepting well-attested facts in favour of what they term "Jennerism," but the bulk of your readers may be interested in the following statements.

Dr. Dudfield, Medical Officer of Health for Kensington, says in his Report for 1880:—"The observations of these gentlemen [the medical superintendents of the small-pox hospitals in the Metropolitan Asylum District] confirm former opinions on the subject, and establish beyond doubt the mitigating influence in small-pox cases of successful primary vaccination, and the preventive powers of efficient re-vaccination. It is needless to quote at length the valuable statistics furnished, but it may suffice to state that the mortality was 8·8 per cent. of the vaccinated, and no less than 44·4 per cent. of the unvaccinated, the observations extending to a total of 15,171 cases treated in the hospitals in the epidemic which began in 1876. No case of small-pox has come within the cognisance of either of the medical superintendents of any person who has been efficiently vaccinated and successfully re-vaccinated. Moreover, the nurses and servants employed from time to time at the various hospitals during the epidemic have enjoyed almost absolute immunity from infection; and the few—some half-dozen among nearly one thousand—who contracted the

disease whilst discharging their duties, had from some cause or other escaped re-vaccination before entering the wards."

Dr. Buchanan, Medical Officer of the Local Government Board, gives a similar statement as to the protective power of vaccination.

Dr. Dudfield adds, that as far as could be ascertained, the cases in which harm resulted from vaccination were limited to three, and even in these it is doubted whether the injury was really due to the operation.

Again, Dr. Tomkins, Medical Superintendent of the Fever Hospital belonging to the Manchester Royal Infirmary at Monsall, says:—"The most striking evidence is that derived from small-pox hospitals. During the whole time that I have had charge of the fever hospital more than a thousand cases of small-pox have passed under my care, yet no servant, nurse, porter, or other person engaged there has, after re-vaccination, ever taken it, though exposed daily to infection in its most concentrated form. One woman, a laundress, who escaped vaccination, took the disease and died; one nurse, who some years before had suffered from small-pox, and was then considered protected, had a very mild attack; and this summer a workman, who did not live on the premises, but came in to work as a painter, was not vaccinated, and had rather a severe attack; and still more recently a servant, who by an oversight was allowed to go about her work three days before being vaccinated, had, before the latter had run its course, a slight abortive attack. Again, among all the students who during the past two years have attended the hospital for clinical instruction, not one has suffered, all having been re-vaccinated before being permitted to enter the small-pox wards. And in their case the false argument which opponents of vaccination have brought forward to explain the immunity enjoyed by nurses and others in attendance on the sick—viz., that constant intercourse and exposure to infection renders them proof against it, by the system becoming inured to the poison, cannot be applied, as these gentlemen attend the hospital only a few hours once a week. I defy the most enthusiastic or conscientious of anti-vaccinators to produce evidence like this on his side of the question, or to bring forward even half a dozen persons, choose them whence he may, who have not been protected against small-pox, and expose them as the students are exposed, without more or less of the number taking the disease. Facts such as these should convert the

most ardent anti-vaccinator from his folly, and convince him that a weapon of defence so powerful as vaccination should not be left to the pleasure of the individual, but that the State has the right and duty to look after its most thorough performance."

The *New York Medical Record* states that "of 1,359 cases of small-pox in Chicago since January 1st, 40 per cent. have proved fatal. Most of the cases have occurred in those districts where the more degraded portion of the foreign element lives, and where attempts at vaccination have at times been met by open violence. In that part of the city there are 40,000 persons who have not been vaccinated; and of the 108 deaths in September, 81 occurred amongst these."

In spite of the above and numberless other facts tending towards the same conclusion, Mr. Ward will no doubt dream on, and will write heated but inconclusive letters, suggested rather by his nightmare than by anything that will bear the light of day.

Yours truly,

10, Onslow Square,  
Jan. 11, 1882.

NEVILLE WOOD, M.D.

[Dr. Harmar Smith's letter is crushed out.]

## LIST OF SUBSCRIBERS TO THE LONDON SCHOOL OF HOMŒOPATHY.

List of Subscriptions, paid or promised, January 14th, 1882:—

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## HOMŒOPATHIC DISPENSARY AT ST. LEONARDS-ON-SEA.

THE committee of the Hastings Homœopathic Dispensary recently applied for permission to participate in the benefits of the Hospital Sunday Fund, and obtained a grant of £40 per annum. This is the way to progress; hold our principles with a grip of iron, and compel recognition.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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DR. FISCHER, SYDNEY, NEW SOUTH WALES.—Many thanks for sending us "Opinions on Compulsory Vaccination."

DR. PARK LEWIS, BUFFALO.—The volume of Ophthalmological and Otological Transactions, which you announce as having been sent to us, has not reached us. Our friendly greetings.

DR. USSHER, WANDSWORTH.—Your "Notes by the Way" came too late for this number.

DR. MIDGLEY CASH, TORQUAY.

—Your very interesting paper "On a Rare Case of Cardiac Murmur," is marked for insertion in our next issue.

DR. JOHN MOORE, LIVERPOOL.

—Your "Beaconsfield Case" is in type.

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### BOOKS AND JOURNALS RECEIVED.

The Weekly Counselor, Nov. 30, Dec. 7, 14.

The Dietetic Reformer, Jan., 1882.

Night and Day.

Allgemeine Homöopathische Zeitung, Bd. 104, Num. 1, 2.

Monthly Homœopathic Review, January, 1882.

L'Homœopathie Militante.

American Observer, November, 1881.

Otis Clapp and Son's Visiting List, and Prescription Record, Perpetual. Boston and Providence: Otis Clapp and Son.

Medical Tribune, Dec., 1881.

Hahnemannian Monthly, Dec., 1881.

Bibliothèque Homœopathique, 13<sup>e</sup> Année, No. 4.



Nosodes and High Potencies. By Samuel Swan, M.D. Second Edition.

St. Louis Clinical Review, December 15, 1881.

Herald of Health, Jan., 1882.

Boletín Clínico del Instituto Homeopático, No. 23.

New York Medical Times, January, 1882.

Prevention Better than Cure: or, The True Aim of the Physician. By Ebenezer Acworth, M.D., with Introduction and Appendix by John E. B. Mayor, M.A. Manchester: J. Heywood.

New England Medical Gazette, December, 1881.

Homœopathic Journal of Obstetrics, No. 2, Vol. III.

The Clinique, Dec. 15, 1881.

Revue Homœopathique Belge, No. 9, Décembre, 1881.

The Midland Medical Miscellany, Vol. I., No. 1.

The Food Reform Magazine, January, 1882.

Chemist and Druggist, Jan., 1882.

Compulsory Vaccination. New South Wales, 1881. Opinions of the Leading Physicians of Sydney.

El Criterio Médico, Diciembre, 1881.

The Homœopathic Physician, January, 1882.

The Principles of Drug Selection. By Alfred C. Pope, M.D. Evening Express (Liverpool), December 30, 1881.

British Journal of Homœopathy, January, 1882.

#### CORRESPONDENTS.

Communications received from Dr. Bayes, Brighton; Dr.

Fischer, Sydney, Australia; Dr. Ussher, Wandsworth; Dr. Harmar Smith, Ramsgate; Dr. Stanley Wilde, Nottingham; Dr. Neville Wood, London; Messrs. Heath and Co., Ebury Street, S.W.; Dr. Moore, Liverpool; Captain Maycock, London School of Homœopathy; Dr. K. Whitehead, Rawtenstall; Dr. Pope, London; Dr. Haughton, London; Dr. John H. Clarke, South Kensington; Dr. Edward T. Blake, London; Dr. Ransford, Sydenham; Dr. Berridge, London; Dr. Samuel Swan, New York; Dr. F. Park Lewis, Buffalo, U.S.; Messrs. Otis Clapp and Son, Boston, U.S.; Dr. J. J. Casal, Mentone; Dr. Proctor, Birkenhead; Dr. Skinner, London.

### The Homœopathic World.

#### CONTENTS OF JANUARY NUMBER.

##### LEADING AND GENERAL ARTICLES:—

January 1st, 1882.

Domestic Hygiene.

Case of Cure by Hydrocyanic Acid.

Society for the Prevention of Blindness.

Clinical Lectures on Diseases of the Heart.

Homœopathy in the United States of America.

The Medicinal Treatment of Cancer.

A Hair of the Dog that Bit.

The Effects of Thapsia Garganica on the Skin.

The Late Dr. Wright's Family.

Contribution to the Pathogenesis of Cundurango.

Veterinary Practice.

##### LITERATURE:—

Special Pathology and Diagnostics.

The Chemists' and Druggists' Diary, 1882.

##### CORRESPONDENCE:—

The Wright Fund.

Calotropis in Rheumatic Fever.

Dr. David Wilson on Infinitesimals and the Minimum Dose.

Is Homœopathic Mercurius Deleterious?

Upper-Class Vaccination.

The Plague of Vaccination.

The Resurrection of the Material Body.

##### REPORTS OF INSTITUTIONS:—

London School of Homœopathy.

##### SHORT NOTES, ANSWERS, ETC.

# THE HOMŒOPATHIC WORLD.

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MARCH 1, 1882.

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## THE TWO FLAGS.

No. 1.

### ALLOPATHY.

"The curing of diseased action, by inducing another of a different kind, yet not necessarily diseased."

*Mayne.*

No. 2.

### HOMŒOPATHY.

"The art of curing disease by a remedy that is itself capable of producing a complaint like the one it is to cure."

*Hahnemann.*

UNDER which flag, medical reader, will you take your stand? No. 1 has a past which is hoary with age, has had many adherents, the most eminent of whom have expressed themselves dissatisfied with the results they have obtained, and along the pathway have had to deplore victims by hundreds, victories by tens, leaving traces behind of the desperate character of the therapeutic agents employed with uncertainty, vexation, and disappointment.

No. 2 has also a past, but it has not yet reached its first century. Yet there are some five or six thousand physicians who have enlisted under its banner, swear by its founder, and have had success which, by comparison, far surpasses that which has been obtained by those who have enlisted under No. 1.

They have cured without destroying, safely and benignly, and *without* leaving any traces behind to indicate the nature of the therapeutic agents employed.

The forces which have produced disease they have recognised as spiritual or dynamic; the remedial agents they have employed have been dynamic or spiritual likewise, and administered in accordance with the law embodied in the formula, "*Similia similibus curantur.*"

Hence two distinct schools of medicine, the one as diametrically opposed to the other as light and darkness; and in the treatment of disease there can be nothing in common between them. Each school must stand upon its own merits, and those who are suffering from disease will avail themselves of the services of the one or the other in propor-

H

tion to the confidence they have in the respective systems and those who practise them; and the verdict must always be pronounced in favour of the one or the other according to the degree of success which attends the administration of the medicaments used. If the homœopathic is the most successful, it will gain in popular favour, not only on account of the success, but also in consequence of its being the most agreeable, and its medicines in no way hurtful or injurious to the persons who take them—provided always that the homœopathic practitioner practises or prescribes on the lines of Hahnemann, the illustrious founder. Any attempt at compromise between the two schools is neither possible nor desirable. Allopathic practitioners numerically and in social status are stronger, and in this country for a time must remain so, but only for a time, because our prejudices in favour of that which is ancient, our education and mental training, totally unfit us to receive at once truths which are based upon new data, and it takes time to overcome our natural and social prejudices. But the age in which we live is utilitarian, and little by little the popular verdict will be in favour of that which is most useful—"the fittest only will survive."

Every true homœopath, every medical practitioner who has caught the spirit of Hahnemann, and has tested well-chosen homœopathic remedies carefully prepared by skilled hands, *knows* that he is in possession of a mighty truth, that he has a well-appointed armoury, and that he has weapons for the subjugation of disease which leave little to be desired; and can therefore afford to smile both at the sneers and taunts of the practitioners of the old school, fully conscious of the strength of his resources, and their power, when skilfully directed, to subdue the most formidable diseases. He has only to be true to the light he has received and the cause which he has espoused, and leave the issue to the verdict of a discerning and appreciative public.

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### NOTES ON *CARDUUS MARIE*.

By T. F. ALLEN, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College, Editor of the "Encyclopædia of Pure Materia Medica," etc.

SINCE some of your readers may infer from a remark in your review of Dr. Hering's "Guiding Symptoms" that an

important proving of *Carduus Marianus* had been omitted by mistake from the "Encyclopædia of Pure Materia Medica," I have taken the trouble to translate Lembke's experiment from Hirschel's "Neue Zeit. f. Hom. Klinik," 6, 18, to show that the "proving" was *purposely* omitted by me. The reason will be obvious from the following details of said "proving":—

"On the 8th of October, 1860, I prepared an infusion of half an ounce of the seeds with a pound of water. Of this I took, at 9 a.m., half a beer-glass, and about 3 p.m. a whole glassful. I allowed the same seeds to cook thoroughly with a pound of water, and the next day drank, at 8.30 a.m., half a glass, and about 3 p.m. a whole glassful. From this *nothing* was observed, except perhaps some increase of urine.

"On the 10th of October I let half an ounce of the seeds stand on the fire for an hour with a pound of water. The tea looked yellower than before; it tasted flat, and caused scraping in the throat. About 7 p.m. a glass and a half were drunk. *No action was observed.*

"On the 11th of October to the above seeds were added half an ounce of fresh ones, and with a pound of water put on the fire for an hour. At 7 p.m. a glass and a half of the infusion was taken. About 10 p.m. a sticking pain in the region of the spleen, especially on breathing and stooping, was noticed, which lasted till 12.30. No other symptoms.

"On the 12th of October the same seeds were again cooked, and at 9 a.m. a glassful drunk. On the 11th the stool seemed more sluggish, and in the evening the copious yellow urine deposited a red sediment. The same was noticed the next night.

"On the 13th a glassful of an infusion of half an ounce of seeds. *No symptoms.*

"On the 14th a glassful of a similar infusion was taken. The urine deposited a red sediment. The stool seemed more sluggish, but otherwise *no symptoms.*

"On the 26th, at 8.30, I took a teaspoonful of the *Tinctura Cardui Mariæ*; morning of 27th, a teaspoonful; morning of 28th, two teaspoonfuls; 29th, two teaspoonfuls; 31st, five teaspoonfuls. From all these doses *no effect.*"

10, East 36th Street, New York City,  
January 14th, 1882.

## ON A RARE CASE OF CARDIAC MURMUR.

By A. MIDGLEY CASH, M.D.

DR. CLARKE's paper on "Diseases of the Heart," in the January number of the *Homœopathic World*, brought to my mind a case of a rare and peculiar form of murmur which I recently met with, and which illustrates the difficulty that may be experienced in pronouncing on the danger of this particular symptom.

A gentleman, a relative of mine, aged about twenty-eight, and engaged in active business life, had suffered occasionally from dyspeptic symptoms, and breathlessness in ascending a hill rapidly, and once recently had experienced a sharp pain in the region of the heart.

Living at a distance, and corresponding with me on his symptoms, as he was about to visit London, I advised him to consult a physician well known as a writer on the Heart and Heart Diseases, and to get his opinion—1st, as to whether his heart was affected at all, and, 2ndly, if so, what form of disease he suffered from. The opinion came down in a day or two. *Diagnosis*: Aortic regurgitant murmur (according to Dr. George Balfour, the form of heart-disease which oftenest terminates fatally). *Prognosis*: Most grave. Rest a necessity; never on any account to hurry or excite himself in the least, etc.

This was a serious prospect for a young man, the main working partner in a large manufactory, where his constant presence and energetic exertion were necessary to the well-being of the concern. That he felt it so, the first look at his depressed and worn countenance assured me, when, a few days after receiving the above cheering communication, he came down to spend a short holiday with me, to rest himself, instead of the active tour through Switzerland he had had in prospect, but which, by the London doctor's advice, had been abandoned.

I took this opportunity of ascertaining for myself how matters stood, and examined him under all circumstances—at rest, after active exercise, immediately after running upstairs, after a sharp swim in the sea, when the heart was thundering away furiously, but all to no purpose; so that, with all deference for the doctor's opinion, I felt I could not accept his view of the case. It did not appear to me that either the local symptoms or the general condition were at all equal to the serious prognosis that had been given.

But as the affection—if present—was so grave, and it was a matter of such great importance to the patient to arrive at a correct conclusion, I asked a medical friend to examine, whilst abstaining from giving him any clue in the first place.

After comparing notes it appeared our views were similar, viz., heart mischief, if any, probably trifling; no warrant for grave prognosis; digestion decidedly at fault.

Fortified with some hope again, my friend revisited the physician, and now a different report came down—modified view, appeal to Dr. W., the highest reputed heart diagnostician, agreement that there is no cardiac (*i.e.*, endocardial) mischief at all. Case peculiar, almost to be called unique; most probable explanation, some little roughness outside heart, very likely on pericardium, causing a *bruit* under certain circumstances, but at any rate having no serious significance.

The delight with which this opinion (in which possibly, excepting the explanation, we could all unite) was received by the patient can best be compared to the feelings with which the condemned man hears the joyful news of his reprieve. Picture one's own feelings under similar circumstances—the removal of a very sword of Damocles from over one's devoted head.

Briefly, the condition of things as I found them recently was as follows. There was a soft blowing diastolic murmur, running off from the second sound. So far, a similarity to incompetency of the aortic valve. But—and here was the striking point—on holding the breath, when an ordinary *bruit* would usually be heard with the greatest distinctness, *this* murmur disappeared altogether, and the heart-sounds were clear, pure, and entirely closed; whilst on directing the patient to breathe again, the murmur became audible, and attained its maximum intensity at the end of a forced inspiration. Besides this, and excluding the effect of it on respiration, violent exertion failed to bring out or intensify the murmur at all, in striking contrast to what we meet with in the usual valve failures.

The sound could be heard equally all over the heart, perhaps slightly loudest in the area of the mitral valve, which was all against the supposition of aortic valve failure, the *bruit* of which should have been most marked in the aortic area (over the second right costal cartilage), and propagated up the vessels of the neck and down the sternum.

The pulse was good, and had no collapsing or other abnormal character about it; the general health was satisfactory now that the fear of a fatal disease was gone.

Torquay, January, 1882.

## A CASE OF PROFOUND DEAFNESS IN A CHILD.

By ROBERT T. COOPER, M.D., Physician London Homœopathic Hospital.

IF Homœopathy really presents us with, as no one who has had a careful and sufficient practice with it can doubt for a moment, a more reliable means of coping with obscure cases than is furnished by any of the teachers of old-school physic, it ought to place within our reach a means of dealing with those uncured diseases of childhood that too often lead on to life-long miseries. And of these that ear-disease constitutes a large and important group no one conversant with the affections of childhood can for a moment deny. It was observing the hopeless condition of so many deaf children that induced me to pay special attention to ear-cases, knowing well that all we require for their successful treatment is to bring to bear upon them properly selected remedies.

And here we are met by one great difficulty; it is that of insufficiency of symptoms, for to select homœopathic remedies accurately without having many symptoms to guide us is no easy task, and requires for its successful adoption a considerable experience, not alone of the ear-diseases, but even more of the constitutional derangements of child-life. Take, for example, such a case as this, which well shows what a paucity of symptom-indication we must expect to meet in the case of children incapable of describing their sensations.

P. V., a most intelligent little fellow of five and a half years of age, was brought to me May, 1880, with complete deafness and otorrhœa, the purulent discharge coming from both ears. He had had scarlatina three years and a half ago, and ever since had been afflicted with discharge from the ears. The doctor attending professed his inability to do anything, and seemed to think the family ought to wait on chance, as perhaps "he might grow out of it." And so, indeed, they did, until a friend induced them to "try Homœopathy," and to bring him to me. The statement of the attendant was that after the scarlatina the little fellow had

had four abscesses about the neck, chiefly under the chin, and from this time until he came to me the ears had never ceased discharging.

His circulation was feeble, the left pulse could hardly be felt, and the action of the heart was intermittent; along the subclavian vessels a loud bruit could be distinctly heard, probably venous.

The digestive organs performed their functions naturally, and he would be considered, for his age, fairly nourished. As to his powers of hearing, it was simply impossible to discover if he had any. He manifests no change of expression upon a loud ticking and repeating watch being placed in contact with his ears, nor do the vibrations of a tuning-fork placed upon his head and against his teeth in any way attract his attention. Still, he imitates sounds, and this led me to hope that some hearing might be left.

On 29th May, 1880, I prescribed *Calcarea Carbon.* 200, a drop to go over a week, and on the 7th June, 1880, the report was, "Discharge has been less, but his hearing seems, if possible, worse." On testing his hearing this time, however, a marked change was apparent; his expression became responsive to the tuning-fork when placed above each ear, and even the watch seemed to be heard.

It would be unnecessary to follow up the reports of each visit, which were taken up with little else than a record of the variations in the power of hearing, the remedies resorted to being, besides the *Calcarea*, *Silicea* 200, *Ac. Fluoricum* 6, *Hydrastis* 3x, *Calcarea Carb.* 3x, and again *Ac.-Fluor.* 6. This last was given on 3rd November, 1880, his hearing then being 2½ in. left and 3 in. right for a 35 in. watch, and on 1st February, 1881, when he next came, the report was:—"Has been wonderfully better, except through the cold weather, when he ceased improving. The discharge from the ears is much less, and the hearing is greatly improved."

Then followed *Calcarea Carb.* 200, next *Staphysagria* 3rd dec., and then *Potassa Hydrargyrata* 3x (gr. v. night and morning, dry) (*Merc.-Iod. c Kali Hydriod.*).

After a month of this last his hearing was astonishingly better, but instead of their bringing him to see me he was left a week without medicine, during which time he is described as having decidedly gone back; nevertheless, even then he could hear a watch tick at twelve inches on the right side and half an inch on the left.

The medicine was therefore gone on with for a month,



but they neglected bringing him till 19th July, 1881, and then only because it was feared that, though greatly improved, he might be retrogressing. Be that as it may, he could hear the watch at four and a half inches on the left and eight inches on the right, and so perfect was his hearing for the voice that he could in every way keep up with his class playmates, and his articulation, though not perfect, had manifestly improved.

The last I heard of this little fellow was that he is working up for one of our public schools, and no difficulty whatever is apprehended on the score of imperfect hearing or articulation.

The case as reported hardly conveys a sufficient idea of the extreme gravity of the situation, for at his age (five and a half years) every day that passed during which he remained dull of hearing would have contributed to enfeeble the powers of the vocal organs, and thus lead eventually to deaf-mutism. Even as it was, the power of speech would have long since vanished had it not been that he had spoken very well before the attack of scarlatina. For it is a rule in these cases that once the vocal organs have been exercised, and the child has learned to speak, however changed or weakened the voice may become through disuse, the utterance will yet be intelligible.

As to the question of systems of medicine, the allopaths have no remedies whatever that even profess to hold out any hope of cure in such cases as this; to place such a case under an allopath would be to deprive the boy of all enjoyment in life and all hope of earning a livelihood.

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### TESTIMONIAL TO DR. HUGH HASTINGS.

On the occasion of his leaving Brixton Hill, and removing to Ryde, Isle of Wight, Dr. Hastings has been presented with a very flattering testimonial from his many patients and friends. Dr. Hastings succeeds to the practice of Mr. Macnutt, and at Brixton Hill is succeeded by Dr. Sandberg, a distinguished pupil of the London School of Homœopathy. We join in the wish, expressed in the testimonial, that Ryde may completely restore Mrs. Hastings to health.

## CLINICAL LECTURES ON DISEASES OF THE HEART.

By JOHN H. CLARKE, M.D.,

Member of the Royal Medical Society of Edinburgh, Assistant Physician  
to the London Homœopathic Hospital.

### LECTURE II.—THREE CASES OF SEMI-FUNCTIONAL DISEASE OF THE HEART.

Case I., due to Alcoholism, cured by *Spigelia*. Case II., from Smoking, relief from *Actæa* and *Spigelia*. Case III., due to Alcoholism, greatly benefited by *Spigelia*. Nature of the Cases—Cases I. and III. compared—Diagnosis of Case III.—Case II. contrasted and compared with the others—Heredity—Origin of such Cases in Young Subjects—Treatment—Antagonism of Medicines—Homœopathicity of *Spigelia*.

CASE I.—On the 24th of July, 1880, I was consulted by a young man, S. P., aged 27, for a pain at the heart, dizziness, noises in the head, excessive nervousness, inability to sleep. The contrast between the physique of the patient and the character of the symptoms he complained of was very striking. He was a ballast-quay labourer, considerably over six feet in height, powerfully built, well-nourished, muscular, dark. For a man of his build to be complaining of nervousness, sleeplessness, and dread of being alone in the dark, it was plain that there must be some cause at work, external to himself, giving rise to the disorder. The same train of symptoms in a hysterical girl would have excited no surprise, but this man was of a very different nature.

He told me he had been suffering in this way for two or three months. His tongue was dirty at the back; his bowels confined. His appetite was good, and he had no pain after food, though he had been troubled with it formerly. He had always been very strong.

On inquiring about his social habits I found that his occupation required him to go on board many vessels, and wherever he went liquor was offered him, which he did not like to refuse, though, as he told me, he did not want it, and knew he took more than he ought. Besides this, he was a smoker, but not to excess.

This was quite sufficient to explain to me the anomaly of his case. Alcohol is a most powerful cardiac stimulant, and its free and persistent use in this case had brought on the natural result of all over-stimulation—weakness and perversion of function. The nervousness and other symptoms I considered were secondary to the state of the heart.

I explained to my patient the nature of his case. I told him that it was possible for medicines to relieve him, but whether they would cure him or not depended on himself. If he had the courage to refuse to take what he knew was not good for him, even when he got it "for nothing," he would soon be quite well. If he went on as he had been doing of late he would soon be beyond the reach of cure. He was so thoroughly alarmed about himself that he did not hesitate about his choice, and I believe left off the use of alcoholic drinks altogether. I gave him *Spigelia* 3, pil. i. ter die.

He returned a week later looking a different man. He had slept well, was less nervous, less giddy, his tongue was clean, and his bowels regular. (I have often noticed, when giving *Spigelia* for other affections, that it has relieved constipation, when present, as well as those symptoms which more directly indicated it.)

I repeated his medicine, and the next week he reported still further improvement, though there was still a little giddiness, and some gnawing pain at the heart. *Pilules of Spigelia* 1 were now given in the same way, and continued till September 8th. He had giddiness occasionally during this time, and slight palpitation at times, but was able to manage his work very well. His bowels were again a little confined, and he received *Nux Vomica* 1, pil. i. ter die, and this completed the cure. He returned the following week to say he was very much better. I gave him a fresh supply of *Nux*, and told him he need not return unless he became worse. He was so exceedingly pleased with the favourable change that had come over him that I had little fear of his returning to his old habits.

Case II., Feb. 14, 1880.—J. T., 21, a clerk, dark, middle size, well nourished, well made, consulted me about a pain he had at the left side, below the nipple, "as if there was something too big under the ribs." This was especially bad after a breakfast of porridge. He fainted at times, and was very nervous, and greatly alarmed about himself, fearing he had heart-disease, his father having died of it, and one of his sisters being a sufferer from it. He had a little cough in the morning, with pains in the chest. Tongue clean, appetite good, bowels regular, sleep bad—it had been good till a short time previous to his consulting me.

I asked him about his former health, and if he could assign any cause for his malady. He told me he had been always healthy. For the last three years he had done much bicycling.

Before that he had felt nothing of this trouble. For three weeks he had been working in a close office lighted nearly all day with gas. He had been worse during the last fortnight, having taken a chill at the seaside.

He had no palpitation. I examined the heart and found all the signs normal. The pulse was steady and full.

I gave him *Actæa Rac.* 1, pil. i. ter die.

Feb. 21. The following week he returned, and reported that the pain had been easier, but he had felt a little of it. He had not fainted, and had had no discomfort after food. Sleep still poor, but he was not quite so nervous. The medicine was repeated, and the following week, as he was in much the same condition as regarded the heart and nervousness, and as his appetite was bad and his tongue dirty at the back, *Nux Vomica* 1 was substituted for *Actæa R.*

March 6. Numb sensation over the front of the chest; fulness all round; perspiration at night and sleeplessness; is very nervous; has a bad cold. *Ignatia* 1.

March 10. The numbness has gone from the chest. There is less perspiration, but he is not so well generally. There is continually a dull pressing pain at the chest. He feels faint; hands and feet cold; pulse full; sleep still bad. *Spi-gelia* 3, pil. i. ter die.

March 13. Decidedly better. Has slept well, no perspirations. Appetite better; spirits better. Repeat.

March 20. Faintness came on on the 18th. Since then he has felt ill; has slept badly; perspired much. Has had no pain in the side. Repeat.

March 24. Has felt worse. Pain has been bad, leaving him faint and ill. Retches with breakfast and tea. Sleep good; has perspired slightly.

I now for the first time discovered the real cause of his illness. Patients have a way of telling their doctors all kinds of causes for their diseases except the right one, which in most cases is perfectly well known to them all the time. In many cases it is difficult, sometimes all but impossible, for them to disclose it. Sometimes it becomes possible after a time, when the confidence of the patient has been completely won by the medical attendant. In many cases, as in the one before us, the patient, partly ashamed to confess some indulgence, and partly desirous of having his sufferings relieved without being compelled to exercise self-denial, purposely keeps his medical adviser in the dark. It is always necessary to bear this in mind, or we shall often be

wasting our time and energies in fighting shadows, when with a little trouble we might find the substance and at once put an end to our difficulties.

This patient had told me of his bicycling, of his close office, of his cold, and of the history of heart-disease in his family, and this he considered enough for me to work on. It was only when the partial success of the remedies I administered suggested to me that there was some other cause at work that I inquired more closely, and found out what it was. He was a smoker, and when he smoked could not smoke moderately. At times he abstained from it altogether—generally in the summer time. From October, 1879, to January, 1880, he had indulged to excess, but had been more moderate since then. For a week previous to my finding it out he had again been smoking, and this coincided with the return of many of his symptoms, in spite of his endeavour to counteract the effects of the weed with stout and port wine!

In repeating his medicine I told him that what benefit he had received from medicines was as much as he might expect until he abandoned the habit entirely. If he did that he might expect to get perfectly well, and need not let the fact of there being heart-disease in the family at all trouble him.

He returned three days later, saying he had been very much better till the day before his visit, when he nearly fainted in the evening. I gave him *Cactus* 1. He did not return, and I did not see him again to speak to, so whether he made up his mind to abandon his habit or not I cannot say.

Case III.—J. B., 37, single, lath-render, middle size, fair, florid, shiny weather-beaten-looking complexion, consulted me August 13, 1879, complaining of a choking sensation in the throat and a smarting pain at the heart, worse some days than others; constant gnawing pain in the left side of the chest, weakness of the left shoulder and arm, giddiness, headache, noises in the ears, palpitation, and shortness of breath.

His health had been good till seventeen months previously, when he was taken suddenly ill, "like a corpse." He was then exceedingly nervous, and afraid above everything of going to sleep.

His present illness he dated from twelve months back. It came on gradually. For eighteen weeks previously to his

consulting me he had been attending an allopathic hospital, but had received no benefit. He was discharged, and on his discharge-paper he was set down as "relieved." This so angered him that it brought on an attack of palpitation and breathlessness which compelled him to sit down for a quarter of an hour before he was able to proceed home. His father and a brother were asthmatical. Of late he had been a total abstainer from alcohol, but previously had been a hard drinker.

Tongue clean; bowels confined; appetite poor; pulse feeble right side than left; pupils equal; sight same in each eye.

I suspected aneurism, and gave *Bary.-Carb.* 6, pil. i. ter die, with no beneficial result. I examined him then very carefully on two occasions, and found only a slightly jerking inspiration on the right side of the chest, and a muffling of the first sound of the heart. There was no bruit. The right side of the chest in the inter-scapular region was a shade duller than the corresponding part of the left side. There was slight inequality of the pupils and pulses, the left pulse being stronger and the left pupil larger than the right.

The bowels were confined. He had numbness of the left arm. As *Nux Vomica* is useful in alcoholism and its sequelæ, and as it corresponded fairly accurately to the general condition of the patient, I gave him one pilule of No. 1 three times a day. This had no more effect than the *Baryta*.

August 27. I now directed my attention to the heart itself, as being the organ most injured, and the probable source of the rest of the patient's symptoms. I gave *Spigelia* 3, pil. i. ter die.

September 3. Has been a good deal better. *Bowels regular*. Appetite better. To-day breath is short, and he feels choked; this he thinks is due to his having taken milk for supper the night before.

With the exception of one week when he took *China* 1 for an attack of diarrhœa he continued to take *Spigelia* to the end of the year (1879), steadily improving in every way, able to work his full time, and enjoy life. He went away for a holiday at Christmas-time, and returned none the better for it. The fogs tried him a good deal, and any mental excitement was sure to throw him back. I again gave him *Spigelia*, and soon afterwards lost sight of him, so how he fared subsequently I cannot say. The wonderful

improvement *Spigelia* wrought in his whole condition whilst under my care I can, however, answer for.

I have called the above three cases instances of semi-functional disease of the heart. In all of them the heart was the seat and centre of the suffering. In none of them was any heart-lesion detected by physical examination, unless the slight muffling of the first sound in Case III. may be counted such. And yet they were not purely functional cases. They differed from the cases of palpitation and breathlessness met with in hypochondriacal, hysterical, and anæmic subjects, where the symptoms arose from no discoverable cause beyond the general condition of the patient. In each of them the heart-weakness was traced to the operation of a drug on the cardiac nerves or tissues, or both.

Cases I. and III. present a striking likeness to each other. The same gnawing pain at the heart was complained of, the same kind of nervousness, the same giddiness and noises in the head, the same sleeplessness and constipation. The same toxic agent, alcohol, was at the root of each, and the same medicine—*Spigelia*—was in both strikingly beneficial. Case I. may be considered as an early stage of Case III. S. P. was a younger man, and his indulgence had not lasted so long, consequently he was speedily restored to health. J. B. was an older man, and an older toper, and his symptoms were, though the same in kind as S. P.'s, much more severe and long-lasting. Palpitation, scarcely complained of by the one, was a very distressing feature in the case of the other. I am inclined to regard this, combined with the muffling of the first cardiac sound, as an indication that the structure of the heart had become degenerated in J. B.'s case. In Case I., if the disorder had passed beyond the limits of purely functional disease, the organic lesion was not so severe as to be beyond repair. In Case III. the tissue of the heart, and probably the nerves as well, were degenerated, but the tissue that remained was still susceptible of being strengthened by proper remedies.

In this case I at first suspected an aneurism, and my failure to find any definite physical indication of one did not altogether allay my suspicions. I do not, however, now believe that there was one present. If there had been there would have been hypertrophy or dilatation of the heart, of which there were no signs of either. It is more than probable that the arteries were affected with atheroma in the

early stage, but that cannot be diagnosed, and the state of the heart itself, with the history of the illness, was quite enough to account for the symptoms.

Case II., though closely resembling the other two cases, presented points of difference, as we should naturally expect, arising as the disorder did from a different cause. All three patients, it is true, were addicted to the use both of alcohol and tobacco, but in two of them the former greatly preponderated, and in Case III. the latter. The characteristic features of this case were the continual faintness, sickness, and the dull pressure on the left side as if a substance were there—well-known symptoms of tobacco poisoning.

As for the share hereditary tendency may have had in this case, I pay little attention to that, not knowing what form of heart-disease the patient's father and sister suffered from. Heart-disease is not transmitted hereditarily, though a constitutional tendency (*e.g.*, gouty) predisposing to it may be. In this instance, apart from his abuse of tobacco, there had been nothing to call out the predisposition in the patient, supposing it were there, and that abuse was quite enough to account for the trouble without postulating the existence of any such predisposition.

When we meet with cases of this kind in young subjects, without any history of previous carditis, we may be sure there is some cause at work. Simple fatty degeneration of the heart does not come on in early life without some definite cause. When we meet with symptoms that suggest it, as in the three cases related above, and find no traces of valvular mischief, or previous disease of the organ, we may at once set to work to find out the origin of the suffering. In the majority of cases we shall find it in the abuse of alcohol, or tobacco, or both. Occasionally I have seen it induced by *Arsenic*.

With regard to treatment, the first indication is, of course, to get rid of the cause. When this can be accomplished in time, a complete cure may be looked for. And even when the injurious habit has gone on for many years, much benefit may be hoped for from its discontinuance, and the administration of homoeopathically indicated remedies. It may be urged that the discontinuance of the habit alone would be sufficient for the cure. Such objections may be brought plausibly enough against the part played by medicine in Case I., but Case III. effectually answers its general applicability. Here the habit had long been given up, and various



remedies tried, none of which was of any service until the specific one had been found. And as regards Case I., I do not at all believe that the recovery would have been anything like so rapid without the aid of specific medication. The chronically induced effects of continued over-use of alcohol are not wont to disappear so rapidly of themselves. We should naturally have looked for a period of great depression following the giving up of the stimulant had nothing been given to counteract it, but under the use of *Spigelia* no such depression occurred. For this reason I assign to *Spigelia* the lion's share of the cure in Case I.

Case II. was not so satisfactory in the matter of treatment from the fact that the use of the toxic agent was not given up. But, in spite of this, benefit was received from *Actæa Racemosa*, and marked benefit from *Spigelia*. It is a remarkable fact, which I have repeatedly observed, that when two drugs are capable of producing the same effect on the body, that is to say, are homœopathic to each other, the one will often in infinitesimal doses hold in check the action of the other when it is still present, and has been taken in injurious quantities for a long time. I can give no explanation of the fact, but the beneficial action of *Spigelia* in Case II. is an instance of it. He was still smoking, though not to such an extent as he had done. Here, as in the majority of cases, the antagonistic action of the remedy failed, after a time, to counterbalance the action of the poison.

*Spigelia* is the remedy I have found most useful in cases of the kind, though it is possible the serpent-poisons might have done as well, and *Cactus* would be called for should its characteristic constricting pain be present. The homœopathicity of *Spigelia* to the condition it removed is evident from a glance at its pathogenesis. The following are from Allen:—"Anxiety and apprehensive solicitude for the future;" "great weakness of the body after walking;" "when walking he becomes dizzy;" "sleeplessness;" "tearing constriction in the lower part of the chest, above the pit of the stomach, with oppression; afterwards, also, beneath the pit of the throat, with palpitation;" "palpitation and anxious oppression of the chest." The specific relation of the drug to disordered innervation and function of the heart is abundantly demonstrated.

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## DOMESTIC HYGIENE.

By EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S.,  
Life Associate of the Sanitary Institute of Great Britain, Membre Associé  
Etranger de la Société Française d'Hygiène.

### III.—HOW TO VENTILATE A HOUSE.

HOUSE ventilation may be considered from three aspects:—

First. Outside the house.

Second. The structure itself.

Third. Inside the house.

#### *First. Outside the House.*

We have elsewhere, when speaking of locality, explained why people used to prefer a valley for building dwelling-houses in, and why they now, in modern phrase, select an eminence on which to erect their residences. Valleys may have plenty of air when they are open at each end, but they are draughty at best. We are not all fortunate enough to find a slope, sheltered from north and east, and on a dry sub-soil; but there are such valleys in Surrey and Hampshire, and they are indeed perfection—paradises of earthly residence.

Most persons have a kind of traditional dislike to the existence of trees close to the house. Nor is this dislike without foundation, for no tree should be allowed to grow within thirty feet of a human residence. Dense foliage keeps out essential air and mars the valuable drying effect of wind, besides obstructing sunlight, the supply of which is, in this country, usually quite in arrear of the demand! Added to this, trees detain and condense considerable quantities of mist, depositing the results over their roots for self-preservation in a season of drought. Partly for this reason, and partly because their shade prevents soil-evaporation, the ground beneath the trees is necessarily more or less laden with moisture. Added to this, the tree-roots are prone to penetrate the joints of drain-pipes, causing sand-silting, and thus leading to obstruction. Even in cases where unusually excellent cementing at the junctions may prevent the entrance of the roots they are apt to tilt the drain-tiles, and thus destroy their level.

No trees but pines should be admitted even to the near companionship of man. If shelter be desired, some of those beautiful and infinitely varied conifers, to supply which we have laid every country under embargo, may be planted at fair distance.

We are frequently asked if climbing plants attached to the walls of the house are really unhealthy. Though their actual beauty, and their decorative advantages in hiding hideous architectural enormities, must be admitted, it should unhesitatingly be said that they are not sanitary. Their disadvantages outweigh their benefits even in the way of oxygen-producing. It is true of ivy (that terrible iconoclast, which has demolished more old buildings than even Cromwell himself) that it will keep out the rain and the frost. It is quite true that an ivied wall frequently feels dry and dusty. Nevertheless, once let moisture get behind these climbers and it has no chance of escape.<sup>1</sup>

Dust-bins and manure-heaps should be covered from rain, which favours putrescence, but should be freely traversed by air on all sides. It is as well not to place these receptacles between the house and the quarter whence comes the prevailing wind, usually south-west. Cesspools are now illegal inside a town; in a detached country house, standing in its own grounds, they are needless. The house-sewer should be carried to the paddock or kitchen garden, and an iron basket should be arranged under the outfall. The solid contents are removed daily, and put on the manure-heap; the liquid portion may be utilised at once for irrigation. It is needful to have two baskets, that one may be always on duty.

### *Second. Structural Ventilation.*

With regard to the carcass of the house, the doors and windows are rarely large enough. Why, in this country, which produces probably the largest race in the world, we persist in making doors through which two fair-sized persons cannot possibly pass abreast, is one of those conservative mysteries which, since the gifted author of "Endymion" has ceased to be with us, will now never receive its solution. It is odd to see, not far off, a small race, like the Belgians, make their doors twice the size of our pigmy methods of ingress and egress.

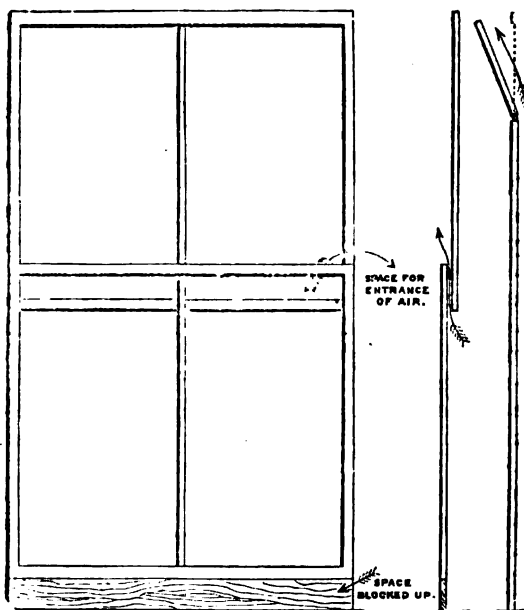
With small doors and windows it is impossible to air-flush a room properly in a reasonable time.

Doors should be made about twice the size they now are, and the space between the door and the ceiling should be entirely filled with double perforated zinc.

<sup>1</sup> That ivy will not flourish in a dry atmosphere is sufficiently shown by the impossibility found in trying to foster it in America, where attempts have been made over and over again to throw over public buildings, grand and imposing indeed, but all too new, this beautiful mantle of age.

Windows should be much larger, and the sashes should be placed, by mechanical advantage, within the power of any one to move easily. A good plan is to let them swing on pivots, fixed above and below, or on the sides. If rain or publicity be dreaded, let the whole window be in one piece hinged at the base, so as to drop into the room like a church light.

By far the best method of ventilating ordinary London rooms is that of Dr. Hinckes Bird. It is known as the "Costless ventilator."



DR. BIRD'S COSTLESS SYSTEM.

The lower sash is raised to an extent proportioned to the supply of air desired, and the space thus left at the bottom is filled up with a close-fitting board. This plan allows a large quantity of air to enter; it excludes rain and wind, and, to a certain extent, floating blacks. If an extra quantity of air be needed, the wood may be set out from the base of the window, as far as the bead, and an incoming current may be secured at the foot as well as at the centre. Dr. Bird's excellent plan does not even demand the aid of a carpenter, for, having thrown up the lower sash a few inches, the space

below may be filled by pasting stout paper across. This is a capital plan to be suggested to the working class by those who visit them for various purposes.

A simple method of ventilating a bedroom is to nearly cut off three or four inches from the top of the door, commencing with a saw-cut on the outer side; then bending the partially detached portion two or three inches in towards the room, and supporting it by end brackets. By this means a considerable volume of air may be introduced into the bedroom in an upward direction without draught or publicity.

If warmer air be desired the author has devised a plan<sup>1</sup> of introducing fresh air, automatically heated by the ordinary open stove.

This plan is exemplified by the two following plates. These and the next cut illustrate an application of Dr. Bird's or Thomas Boyle's excellent ventilator now known as "Tobin's" method.

If much more air be desired, as in the case of a public assembly room, a school, a workshop, or a stable, Plate XIV. illustrates a plan for admitting it.

An excellent plan of house ventilation is that originated by Drs. Drysdale and Hayward. It is described by the inventors as the draughtless ventilation of dwellings by costless self-acting suction power, and with warmed air.

The main outlines of this method are as follows:—

• The kitchen smoke flue (by its waste heat) constantly sucking the foul air out of the whole house.

The suction made to act on every room at the same time and equally, by the interposition of a (foul air) chamber under the roof.

Warmed fresh air supplied to every room equally, and as fast as the foul air is drawn out.

The incoming fresh air conducted to the warming chamber from above the roof down the corners of the central lobby.

The fresh warmed air conducted into the rooms to the side opposite the fireplace.

The foul air sucked out of the rooms on the side opposite that where it enters.

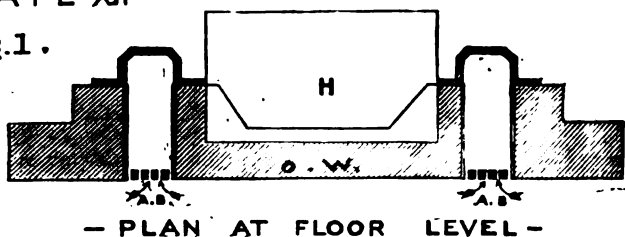
The chamber under the roof of the central lobby utilised as a foul air chamber, into which the flue from every room enters separately, and from which one flue conducts the foul air down to behind the kitchen firegrate.

The basement of central lobby utilised as a chamber where

<sup>1</sup> *Sanitary Record*, May 9th, 1879.

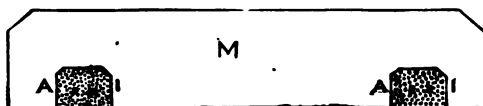
PLATE-XII-

Fig.1.



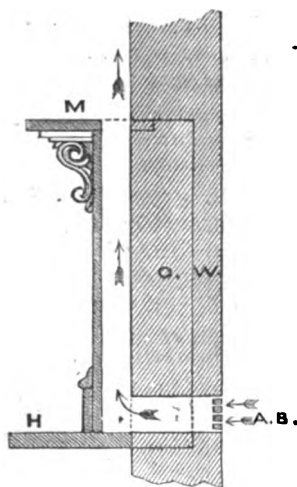
- PLAN AT FLOOR LEVEL -

Fig.2.



- PLAN OF MANTEL-PIECE -

Fig.3.



- SECTION THRO' JAMB -

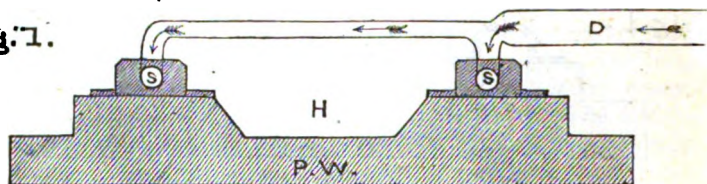
DWELLING HOVSE VENTILATION.

EDW. T. BLAKE. DELT.

The fireplace is supposed to be adjacent to the outer wall.

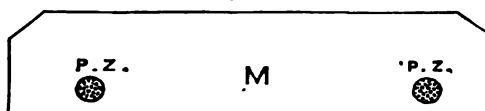
## PLATE-XIII.

Fig. 1.



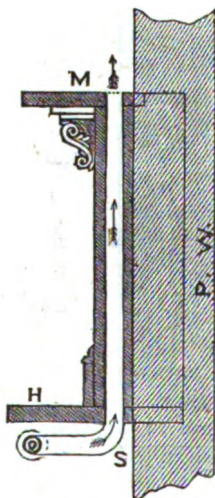
— PLAN AT FLOOR LEVEL —

Fig. 2.



— PLAN OF MANTEL-PIECE —

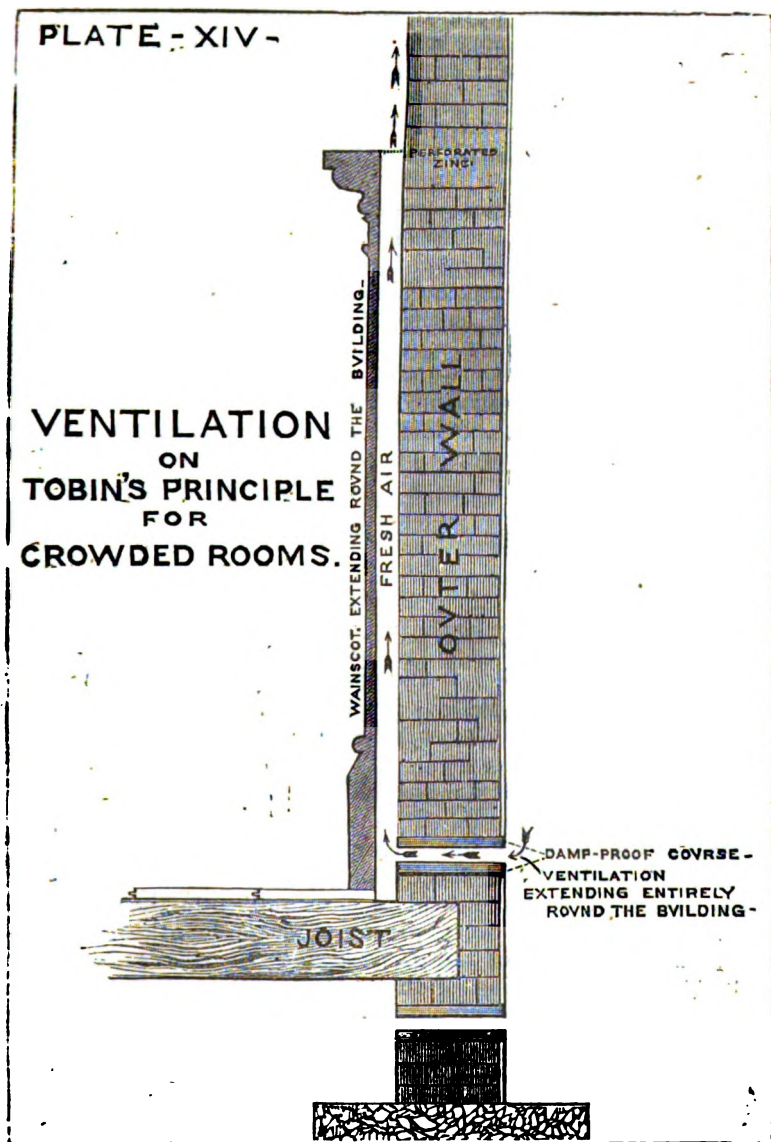
Fig. 3.



— SECTION THRO' JAMB —

## DWELLING-HOUSE VENTILATION.

EDW. T. BLAKE DELT.



At the base of the fresh-air inlet, just below the upper damp course, and resting on the joist, a hot pipe may be carried round the building, and thus the incoming air may be raised to any required temperature.



the fresh air can be warmed, cooled, moistened, disinfected, fumigated, perfumed, etc., before passing through the house.

All going on day and night, all the year round, without special cost.

To this ingenious method was awarded a Certificate of Merit at the International Medical and Sanitary Exhibition, 1881.

We have in our second series, published in the February number of the *World*, spoken of the importance of having the walls of the house perforated by air-bricks, and of the need of thoroughly ventilating the basement by either cellarage or concrete arches. In all cases a free cross current should be secured, and this applies to upstairs floorings, unless we render it needless by the growing habit of building all the floors of concrete. By this means we do away with the drawbacks of infection, of insect-life, and of dry-rot, and at the same time render the house fire-proof.

In our next issue will appear No. IV. of the Hygiene Series—"How to Disinfect a House."

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## A FEW THOUGHTS ON NOSODES.

By E. W. BERRIDGE, M.D.

I WAS much interested in Dr. Theobald's paper on *Melitagrinum* in the *Homœopathic World* for January, and intended to write a few comments thereon, opening up some important points. My paper had been already mentally conceived, but before I had time to commit it to paper I received the February number, in which both the remarks of Dr. Whitehead and the Editor on the subject demand a few words. I do not intend to enter fully into the subject here, as my views were given at some length in the November number of the *Homœopathic Physician*; but as the object and teaching of that paper were most strangely misconceived by some of my Hahnemannian friends on the other side of the "pond," and as the writers on this subject in the *Homœopathic World*, not excepting the worthy Editor himself, seem to have overlooked some of my arguments, I will briefly touch on a few of these points, referring the reader to the original essay for fuller detail.

(1) Dr. Theobald speaks of "bringing the law of Homœopathy within speaking distance of other laws." If by this he

means other *therapeutic* laws, I must demur to his statement. There is but *one* therapeutic law, absolute, unvarying, exclusive, all-sufficient—the law of *similia similibus curantur*. So far as the so-called, but erroneously called, system of isopathy is identical with this law, so far it is true; so far as it departs from this law, so far it is not true.

(2) Dr. Theobald argues that to give the nosode to the patient from whom it was taken would be isopathy, but to give it to another patient suffering from the same disease would be Homœopathy; because in the first case the virus would be *identical*, in the second only *similar* on account of the difference existing between any two cases of the same disease. Certainly, to give the *crude* virus to the patient from whom it is taken would be isopathy, but to give it in a dynamised form would be Homœopathy (provided, of course, such case was individualised, and the totality of the symptoms observed), as Hahnemann shows in note to Section 56 of his *Organon*. And on the other hand, though no two cases of the same disease are exactly alike—the differences arising from the difference of soil into which the seed of disease falls, and in which it germinates—yet there is, I believe, no proof that the resultant *contagium* is thereby affected so as to make it differ. Syphilis will produce different symptoms according to whether it germinates in a healthy or highly scrofulous recipient; but both these recipients will communicate syphilis alone, and not one syphilis and the other syphilis *plus* scrofula. Different specimens of *Syphilinum* and *Scirrhinum* have been used interchangeably, with no apparent difference of result, as I stated in my former paper.

(3) Dr. Whitehead says, "The disease may include the latter [the effects of the *dynamised* nosode], but cannot be equalled or covered by them, so we can understand why Dr. B. has never CURED a case of disease by its dynamised morbid product, though he has relieved or modified some of the symptoms;" but if he will refer to the *second* edition of Dr. Swan's pamphlet on *High Potencies and Nosodes*, he will find a severe case of variola *completely* CURED with *variolum*.

(4) Dr. Whitehead seems to argue that we must not incorporate the symptoms of the disease with those of its *dynamised* nosode. It is true that caution is needed, for reasons which I pointed out in my former paper; but experience has demonstrated that the symptoms of the disease have in several cases proved reliable indications for

the use of the dynamised nosode. Whether the non-contagious products of disease are of the same class as the contagious factors of disease, is a problem which experience alone will solve; the fact that *Scirrhinum* has at least *relieved* scirrhus (CURED one case I am told) and *Psoriasinum* has relieved psoriasis, the case being still under treatment, would seem to answer this question in the affirmative, at least in some instances.

(5) The Editor of the *Homœopathic World*, in his appreciative review of Dr. Swan's pamphlet, says that I "esteem Dr. Swan's generalisation very highly." Let me say that the concluding part of it I do not agree with, and said so in my former paper, giving my reasons; also that I value it, not as a new law, supplementary or auxiliary to the law of similars, for such does not exist, but as a confirmation of Hahnemann's already-quoted note, and as an illustration of the law of similars which many reject; and I know, from long correspondence on the subject, that this is Dr. Swan's view of the matter also.

Finally, what is isopathy, if such a thing really exists, and how does it agree with or differ from Homœopathy? Three methods of nosode-healing have been practised.

(1) The former allopathic plan of inoculating with *crude* variolous matter to prevent the natural disease. This is really using the crude to antidote the highly diluted virus.

(2) The allopathic practice of treating syphilis by inoculating the patient with his own virus. This is true and absolute isopathy.

(3) The system of Lux, which consisted in treating diseases by their *dynamised* morbid products. This is the exact opposite of the first method.

Now though all these methods differ, yet they have one feature in common—viz., that the virus, whether crude or dynamised, was given on a principle of pathological generalisation, and not on the principle of individualisation which true Homœopathy demands. Here is the fatal error of each of these three forms of isopathy, a fatal error which renders it a mere system of empiricism, unworthy of the attention of a really scientific physician. And the reason is that as no two cases are exactly alike, it is impossible for any nosode to cure *every* case of its corresponding disease. Dr. Theobald's paper shows this: out of many cases in which he has used it, it has *relieved* almost all, but *CURED* only one. And now the question arises, Will *Melitagrinum*

(or any other nosode) cure *every* case of the corresponding disease; and if not, what cases will it cure? This question was theoretically answered by me in my former paper, when I said the nosodes would cure *uncomplicated* cases. This I still hold to be true; but practically there is another problem to be solved, which I did not then touch on, because I wanted those who were giving nosodes *unscientifically* to discover it for themselves. It is this: How can we diagnose a complicated from an uncomplicated case? The answer is, it is almost impossible; and therefore we can only prescribe the nosodes scientifically after proving them, making use, of course, of clinical experience to fill up the gaps in their pathogeneses, as we do with the best proved remedies.

What we have to do, therefore, is

(1) To prove the dynamised nosodes, keeping each different preparation of the same nosode distinct till we find from clinical and pathogenetic results that they are identical in action.

(2) To add *cautiously* the symptoms of the disease itself, only accepting them as reliable when they have been clinically verified or frequently produced on previously healthy persons.

(3) To add all the clinical experience with the dynamised nosodes which we can find in literature.

When we have done this, then, and then alone, shall we be able to use the nosodes *scientifically*; to give them on any other principle than the law of similars—not a mere pathological similarity of objective symptoms, but a semiological similarity of the totality of the subjective as well as the objective symptoms—is empiricism, which may be pardoned as an experiment or a *dernier resort* where everything else seems to have failed, but which as a system and an habitual practice is senseless folly, unsupported by reason or results. Let me here state that Dr. Swan has many provings of new remedies (nosodes and others) which have not yet been published, most of which are also in my own possession. It does not therefore follow that we are prescribing “unproved remedies” because we use at times medicines not to be found in any published *Materia Medica*. *Verbum sap.*

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CLINICAL LECTURES IN THE LONDON SCHOOL  
OF HOMŒOPATHY.

WE learn with much satisfaction that Dr. J. Galley Blackley has started regular clinical lectures to the students of this School, every Monday at ten o'clock. Three lectures have already been given (respectively on Erysipelas, Diphtheria, and Typhoid Fever), and the number of *bonâ-fide* students at the first lecture was five, at the second there were six, at the third there were seven. We congratulate the School and the energetic lecturer on this success, and trust it is the beginning of some real steady clinical teaching of Homœopathy. We hope the spirit of the master will inspire Dr. Blackley, so that we may get from his hands some genuine homœopathic practitioners. If he can produce some sound homœopathic practitioners, he will be a benefactor of his kind. The *Lancet*, *British Medical Journal*, etc., are at liberty to copy this notice.

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## LONDON HOMŒOPATHIC HOSPITAL.

AN opportunity presents itself for doing a really charitable and kind action on the part of those of our readers who possess votes for the Royal Hospital for Incurables at Putney. Miss Tarr, for years housekeeper of the Hospital, which position, we understand, she filled with great zeal and efficiency, and to the entire satisfaction of the Hospital authorities, has become almost entirely incapacitated owing to contractions of the tendons of the ankle joints with ulceration. The helpless state she has arrived at is to a great extent traceable to the severe work which a proper performance of the duties of housekeeper at the Hospital entails, owing to the great number of steps from the basement to the upper storey, and which must be mounted frequently in the course of every day in carrying out a close supervision over the servants of the establishment. We are pleased to draw attention to this deserving case, and recommend it to our homœopathic brethren. Miss Tarr is seeking to obtain one of the out-pensions of £20 a year granted in such cases.

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## Obituary.

### EDWARD CRONIN, M.D.

**THIS** veteran homœopathic physician has lately gone to his rest, and it is our privilege to note a few of the leading features of his long, useful, and honourable career.

Dr. Edward Cronin was born near Cork in the year 1801; he studied at the Meath Hospital in Dublin, where he was in the year 1825.

He married in 1828, but his wife lived only a year, having died in 1829.

Dr. Cronin was brought up in the Roman Catholic Church, but left it and became a Protestant. About the year 1829 he became acquainted with the Honourable John Parnell, now Lord Congleton, and Mr. Frank Newman, better known to the world as Professor Newman, and Dr. Kitto. These gentlemen, and the subject of this notice, were much dissatisfied with the then existing state of things in the Established Church, and hence they separated from it, and met together to study the Scriptures. Thus began the body of Christians now generally known as the Brethren, or the Plymouth Brethren.

In 1830 Dr. Cronin and the above-named gentlemen went to the East as missionaries, working chiefly at Bagdad and Aleppo. While in Bagdad a serious epidemic of the plague broke out, and Dr. Cronin worked amongst those who were sick and dying of that terrible malady.

In 1836 he went out to India with Mr. Groves and others, and engaged in mission work in the Madras Presidency. Mr. Parnell and Mr. Newman, with both of whom he was connected by marriage, returned to England.

In 1837 Dr. Cronin likewise returned to England, and then began his acquaintance with Homœopathy; for he was one of the first to pronounce for the cause in this country.

In 1838 Dr. Cronin married a daughter of Sir John Kennaway, Bart., of Escot, Devon. Issued from this union is the well-known physician Dr. Eugene Cronin, of Clapham, one of the most successful and most respected homœopathic practitioners of the metropolis. Another son is Mr. Augustus Cronin, of Holles Street, surgeon-dentist to the London Homœopathic Hospital.

A near relative of the deceased, Dr. Vallancy Drury, President-elect of the Homœopathic Congress for the current year, in a letter of a few days since, thus writes :—

“Those who have for some years been familiar with the venerable appearance and kindly face of the late Dr. Edward Cronin, of Brixton Road, could hardly latterly recognise in him the slight, dark-haired young man of fifty-five years ago, when, as a student of medicine at the Meath Hospital, Dublin, he was acquiring that knowledge of his profession which was afterwards to serve him in his capacity as a missionary in Persia and India, to which countries he went many years ago along with the late Dr. Kitto, Mr. Groves, the present Lord Congleton, and Professor Newman.

“He had some opportunities of testing his medical skill, as we know that on one occasion he was put in quarantine by his colleagues while attending a patient suffering from the plague. It was at this time that he first embraced those religious opinions that he adhered to through life, having been one of the originators of that body now known as the Plymouth Brethren.

“After some time spent in India, Dr. Cronin returned to this country, and being attracted by the doctrines of Hahnemann embraced Homœopathy, being, along with Quin, Belluomini, and Dunsford, one of its early pioneers in this country.

“Having learned his Homœopathy in a school that has not many representatives left, he was one of those who by a rigid selection of remedies in accordance with what Hahnemann taught helped to place the new system on that firm basis that gave it such a high standing in England.

“There is no doubt that the loss of his faithful partner shook the old man very much, and may have accelerated his own death. At a good old age, much beloved by a large circle of patients and friends, he entered into that rest for which he longed, having long felt the desire to be with his Saviour when it pleased Him to take him.”

Dr. Cronin died on February 1st, 1882, and was thus eighty-one years of age, having first practised in Islington, then at Stafford, and finally, and for many years, at Brixton, where he breathed his last. He was ever a broad Hahnemannian, and an honour to our cause. Peace to his ashes.

## LITERATURE.

### INSANITY AND ITS TREATMENT.<sup>1</sup>

THIS elegant volume of 462 octavo pages has been lying upon our desk for some time, and our review comes therefore a little tardily. It embodies the lectures which the learned author gives on the subject of Insanity in the Boston University School of Medicine, and is up to date. It is essentially a compilation from many sources, and is therefore heavy reading, but it is well worth a perusal, if only to know in a fairly easy manner what the alienists' present standpoint is.

Those who read "Worcester on Insanity and its Treatment" will go over most of the hitherto explored ground of this most important branch of medicine. We are pleased that our author takes the purely physical scientific basis as a guide in his pathology, and the law of similars as a guide in his therapy, for both the positions are impregnable, and hence the production of such a work reflects great credit upon the author, upon the Boston School, and upon the homœopathic body generally. But the amount of positive pathology is, for us, much too scant. We think such a big book should contain the morbid anatomy of certain typical cases traced through all their stages. These would be far more interesting and instructive than so many quasi-scientific, but really metaphysic, opinions of eminent alienists. Of course, to some extent, this is inevitable in so young a science, but still it is too much after the manner of Bucknill and Tuke. We have had some experience of the treatment of insanity, and we should have hailed this work with delight in our day, for nowhere does a novice so much need a guide as in the care and cure of the insane. We do not advise anybody to get this book for reading right through, but to put on his shelf to read here and there a chapter at his leisure, or when a case occurs in his practice, or to read up for a trial. Some of the cases given in full with their homœopathic treatment are most instructive, and make very interesting reading. Taken altogether, the work before us is probably the best compendium on the subject of insanity and its treatment in our language. The English,

<sup>1</sup> Insanity and its Treatment. By Samuel Worcester, M.D., Lecturer on Insanity, Nervous Diseases, and Dermatology, at the Boston University School of Medicine. New York and Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Company. 1882.



too, is really good, and free from the gross errors so common in some American medical works of all schools. We are afraid Dr. Worroester has at present not the advantage of any lunacy appointment. This is a pity, for too little attention is paid to the management and treatment of mental cases all the world over. We have often been amused at the utter witlessness of medical men when called in to a case of insanity; never having had any *clinical* teaching worth while, they show themselves completely helpless, and two or three hastily gather together to send the patient to a lunatic asylum. We have seen a case of simple puerperal mania puzzle half a roomful of old doctors! We hope the Boston School will arrange to give Professor Worroester a few wards of an asylum to which to take his students, so that they may know how to *manage* a case of insanity in actual life. When we think of the terrible power in the hands of medical men in lunacy cases, and of how *little* they know about psychopathology, we marvel that the world wags on so well as it does. Certainly medical men are the only class to whom so much power could be safely entrusted.

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### DRESS: ITS SANITARY ASPECT.<sup>1</sup>

We can hardly speak too highly of this excellent little work, which deals with the subject of ladies' dress from a sanitary aspect. If any lady wants to know the common-sense views of a sound surgeon on stays, belts, braces, garters, collars, veils, boots, high heels, and the like, let her order Mr. Bernard Roth's "Dress: its Sanitary Aspect" and read it. Let her note from the illustrations where nature stows away a damsel's liver, lungs, spleen, and stomach—we won't mention the heart—and then if she is none the wiser it will be not the fault of our author, for everything is plainly stated, and reasons given for the views expressed.

We recommend this little work as a class-book for girls' schools, and mothers might fitly give it to their daughters; there is nothing in it to which the most fastidious could possibly take exception.

Of course, it is of too elementary a nature to be of any special interest to medical men, though those who have never given any attention to the subject might read it with advantage.

<sup>1</sup> Dress: its Sanitary Aspect. With eight full-page illustrations. By Bernard Roth, F.R.C.S., Member of the Clinical and Pathological Societies, London.

## CHRONIC SORE THROAT.<sup>1</sup>

THIS elegant work is from the pen of the well-known scholar and writer, Dr. Shulldham, our predecessor in the editorship of this journal. It now really needs no reviewing, being in its second edition, and of recognised merit. We may just say that the book reads as pleasantly as a well-writ story, and some of the periods are gems of remarkable literary polish, and withal the practical matter is exceedingly good.

Our author possesses the very rare gift of throwing a certain literary glamour around the most commonplace subjects. Thus of lozenges how aptly he quotes the old lines :—

“Sighing in a shady grove  
With my Juliana,  
Lozenges I gave my love,  
Ipecacuanha.

“Full twenty from the lozenge box  
The imprudent nymph did pick ;  
Then, very gently sighing, said,  
My Damon, I am sick.”

Did ever author put the lesson more prettily ?

Some object to this style in medical works on the ground of—dignity. But why should not medical work be made lively and attractive ? Medical studies are necessarily not of the most pleasant, and the author who possesses the rare talent of making them less repulsive deserves a kindly reception and hearty appreciation. We thank Dr. Shulldham for this treat ; it is refreshing to read such a book.

<sup>1</sup> Chronic Sore Throat, or Follicular Disease of the Pharynx : its Local and Constitutional Treatment. With a Special Chapter on Hygiene of the Voice. By E. B. Shulldham, M.D., M.R.C.S., M.A. Oxon. Second Edition. London : E. Gould and Son. 1881.

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**BOYS SMOKING.**—Mothers have a duty to perform towards their boys in teaching them to avoid tobacco. Some investigations by Decaisne, of Paris, may help them in the discharge of this duty. Decaisne examined a large number of young smokers, and found the following symptoms evidently due to this habit: Palpitation, intermittent pulse, chloro-anæmia—besides this, the children showed impaired intelligence, became lazy, and were disposed to take alcoholic stimulants. The latter effects are worse than the first, and no doubt grow out of them.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

DR. HARMAR SMITH ON THE RESURRECTION  
OF THE MATERIAL BODY.

SIR,—I should be obliged by the insertion of a few remarks on the letter of "Science" inserted in your December issue. I should have replied at once, but did not receive my copy for December from my local bookseller till it was too late; the January number I have not yet received.

I would first observe that there is, as I judge, one error of importance in the letter of "J. W. T." contained in your December issue. It is the statement "that in view of Bible teaching concerning human nature, there is no room for an immaterial existence after death."<sup>1</sup>

What, then, of 2 Cor. v. 8, "Absent from the body, present with the Lord," and cognate passages? The New Testament nowhere recognises any cessation or interruption of the life of the soul, but its continuance in an intermediate state up to the time of the resurrection.

The present discussion, however, was opened in your columns by a question as to whether the doctrine of the resurrection of the material body is or is not taught in the Scriptures. I should not have entered into the controversy if rationalistic ground had been taken in the first instance, as it appears to me that to a devout mind the only conceivable question is whether this doctrine is or is not contained in the Bible? When a young man, and when reason rather than faith was the dominant principle of my mind, I went over the atheistic (or rationalistic) difficulties of the doctrine as disposed of by Dr. Isaac Watts in his "Philosophical Essays," a work written more than one hundred years ago, so that these objections are not original or even novel, and I was then thoroughly convinced that they were frivolous.

Your correspondent "Science" takes the *à priori* standpoint, and contends that the doctrine of the resurrection of the material body is false, because its particles are in a

<sup>1</sup> *Homœopathic World*, p. 561.

continual state of mutation, so that it is possible that the atoms of one organism may be decomposed and subsequently constitute part of another.

Thus this doctrine denies to the Supreme Being omniscience and the power of analysis, limiting His resources and capabilities by those of man.

It is interesting as a collateral evidence of the inspiration of Scripture to observe that the very objection to this fundamental doctrine has been anticipated and replied to by the apostle in the chapter from which I quoted in my last letter, thus showing that it owes its origin, not to the progress of modern science, but to the unbelief inherent in the heart of man. The prophetic statement put by the Holy Ghost into the mouth of the inspired writer is, "But some man will say, How are the dead raised up? *and with what body do they come?*" 1 Cor. xv. 35. The answer contained in the next verses is remarkable: "36. Thou fool! that which thou sowest is not quickened, except it die: 37. And that which thou sowest, thou sowest not that body that shall be, but bare grain, it may chance of wheat, or of some other grain: 38. But God giveth it a body as it hath pleased Him, and to every seed His own body." The Lord refers to the same natural fact in illustration and support of the same doctrine, ver. 39. "Except a corn of wheat fall into the ground and die, it abideth alone; but if it die, it bringeth forth much fruit" (John xii. 24.)

Thus God is pleased to appeal to the analogy of His works in illustration and confirmation of His word, and to refer to a fact well known to naturalists—viz., that the decomposition or death of the seed is a necessary preliminary to the life and nutriment of the new or resurrection plant.

The answer to the second part of the question, "With what body do they come?" is more of the nature of a revelation—at all events it could not, like the fact just referred to, have been deduced from any amount of observation or study of the works of nature.

It is important to observe in the passage of Scripture which has been quoted above that the man is rebuked who hesitates to believe a statement made by God Himself, because he finds a difficulty in comprehending the manner of His working. I believe that the partial explanation which has been given is more than could have been rightly asked, as indeed the rebuke with which it is accompanied demonstrates.

To use an illustration of what I mean, which as homœopathic physicians is calculated to come home to "our business and bosoms." Supposing some prejudiced and sceptical patient requires an explanation of the *modus operandi* of the homœopathic law before he will take our medicine or believe in its efficacy, or ridicules the infinitesimal-dose because of its apparent absurdity, should we not be disposed to treat his conduct as an impertinence? And shall we dare to ask the Great Architect of the material universe, who is also the author of revelation, to reconcile to our puny understandings the apparent discrepancies between His works and His word, even though we may suppose our vision to have been wonderfully strengthened by the eye-salve of modern science, much of which is little better than a tissue of half-proved hypotheses!

Apologising for the length of this letter,

I am, Sir, yours truly,

J. HARMAR SMITH, L.R.C.P., M.R.C.S.

Ramsgate, Jan. 9th, 1882.

[This correspondence is closed. We think it, however, but fair, under the circumstances, to give Dr. Harmar Smith an opportunity of replying to "Science."—ED. H. W.]

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### TYPHOID AND BAPTISIA.

SIR,—The enclosed note may interest your readers. Since I wrote my pamphlet on "*Baptisia* in Typhoid Fever," I have had much experience in its action.

I believe it is best given in the *first decimal dilution* in three-drop doses, or in the mother tincture in half-drop or one-drop doses. In the *early* (gastric) stage of the disease *Baptisia* often acts very rapidly. The frontal headache, the want of appetite, the pinching abdominal pains, the frequent slight, yellow action of the bowels, the tenderness over the *cæcum*, and the great malaise, feebleness and weariness on waking after a disturbed night with little sleep, and a sensation as if always lying on a bruise, all disappear very rapidly under *Baptisia*.

But where practicable I always advise change of house or change of room. A patient suffering from the "diseased infection" ought to be removed from the infected air. Who would expect to neutralise the effects of a poison while the

patient sufferer still had doses of the poison continually infused into him? Certainly no doctor of average ability would sit down to play with such "weighted dice" the game of life and death with the "*demon typhoid*."

The inquiring stranger asks if I consider *Baptisia* equally successful in *typhus fever*, *scarlet fever*, and in *diphtheria*.

Many years gone by an old and tried friend of my medical pupilage wrote to me to the following effect. He was a man who had great talent, and had attained a high professional position in his city and county, an allopath of the allopaths, yet a man with a conscience. He wrote, "A terrible epidemic of *typhus fever* has broken out in this city. The mortality has been very great; hitherto *every case that I have attended has died*. Can you suggest to me any homœopathic remedy? If so, pray send me medicine and books."

I sent him instructions, and in answer to the symptoms he had given to me as the most characteristic, I recommended him to give *Arsenicum* 3 and *Belladonna* 3x.

No acknowledgment nor answer came. I waited six weeks, and wrote a note of inquiry. Answer came, very short:—"Dear Bayes,—Up to the time your note and medicines came every case in my care *died*. After commencing the *Arsenicum* and *Belladonna* every case *lived*. What am I to think? Pray send me books and a case of medicines," etc. I wrote and begged him to study Homœopathy carefully.

Two years passed, and I had had no sign or answer. I wrote again. Answer came:

"My Dear Bayes,—I confess my fault. I received your letter, your books, and the medicines. My experience of your homœopathic treatment of typhoid staggered me. My previous experience of its treatment under ordinary remedies wholly upset my faith in my former remedies. But when I remembered my years, and looked into your books, I felt I was too old to study medicine anew; I have not the energy to do so, and must stay as I am."

He remains to this day what Dr. Holland calls wittily a "Nullafidian." I have written over my poor friend, "Alas!" and closed my account with him.

As to my correspondent who has waked these memories, let me remind him or her that in homœopathic treatment each individual case must be treated *according to the symptoms present*, and *not* according to the name of the disease.

I have seen men who forget this maxim "make shipwreck of their faith;" and the finest "medical faith in this world," in this nineteenth century of blundering and faithlessness, is *Homœopathy*. I dare to say this to the president and censors of the Royal College of Physicians, even after their recent resolution.

Therefore my friend, in the interesting note appended, must bear in mind that typhus fever may, in some *phases* of the disease, present symptoms simulating the gastric symptoms indicating *Baptisia*, or the muscular symptoms indicating *Baptisia*, and in such case *Baptisia* should be given. And the same remark applies equally to *scarlet fever* or *diphtheria*. But I do not think it likely that *Baptisia* alone would cure all the complications of these diseases, or lead to complete recovery.

*Medicine* is not legerdemain, and we can't with a "Hey presto" put to flight all diseases by the "wave of one wand," even if that wand be as powerful for good as the "Wild Indigo"—*Baptisia Tinctoria*.

It is always a pleasure to meet and to answer questions as intelligent as those contained in G. P. F.'s letter of January 24th, 1882.

Yours very truly,

WILLIAM BATES, M.D.

88, Lansdowne Place, Brighton.

Sir,—Some time ago I read your pamphlet on typhoid fever and the use of *Baptisia* as a remedy. I have tried it on six different occasions during outbreaks of typhoid fever when travelling abroad, and always with perfect success. On one occasion I myself took an unusually large quantity during the first week of typhoid fever, and was *completely* cured in twenty-four hours. I feel most grateful to you for having written on the subject. I write now to ask you if you consider it equally successful in *typhus* fever? There are two cases mentioned in the beginning of your book of *typhus* as cured by it. Are these misprints for "typhoid," or is it as good in *typhus*? Also I should feel grateful if you would say if it is useful in the first stage of scarlet fever and in *diphtheria*. I enclose a stamped envelope, and beg to remain

Your obedient servant,

Paddington, W., Jan. 24, 1882.

G. P. F.

## THE CURSE OF VACCINATION.

SIR,—Dr. Neville Wood has discovered that my letters on medical vaccinators are not written in the style of a polite letter-writer. I should be ashamed of them if force were superseded by politeness.

I hold the body of medical vaccinators to be a horde of murderers slaying over thirty thousand infants every year. I hold the body of medical vaccinators to be banded together to oppress the people of England. I hold the body of medical vaccinators to be impostors who discard truth and forge false documents, falsify figures, and strive to make wrong appear right to deceive the people who listen to them.

The usual arguments with ruffians who commit murder and cheat by false figures are the treadmill and the hangman's rope. I confess that, if I could breathe words that burn, I would blister the medical impostors from head to foot until they ceased their murderous and polluting practices. Therefore "I will be as harsh as truth, as uncompromising as justice," and as earnest as my strength will allow, in smiting the vilest medical imposture ever known in this world.

"I may speak madly,  
But to be madden'd by a cause like this  
O'erweighs a world of reason."

My feelings are highly wrought. I have stood by "the waters wide of agony," I have seen the mother broken-hearted at the slaughter of her child. But worse, far worse than that, I have seen children so polluted that they were unfitted for human companionship, too foul to be borne with, too horrible to describe. Then I have known the torment of repeated persecution, the visits of policemen, and figuring before magistrates. I have known friends persecuted to near ruin. One has been in gaol some eight times, and worked and treated as a convict because he would not allow his child to be polluted by a medical impostor. I have known a clerk robbed of his furniture until he had not a bed for himself and family. Then I know something of the Irish Quaker who has been obliged to send his wife and family to America to escape the incessant persecution, while he has to seek a living for them in Ireland.

A man who can grasp the whole facts, and survey the cruelty to parents and children, and see the gradual deterioration of the human constitution by vaccination, and



then speak of the evil with easy indifference, must have a heart of feathers and a selfishness so horrid as to be indifferent to the sufferings of humanity.

Dr. Neville Wood exposes his untenable position. Mr. Hands published the gross untruth that before vaccination sixty thousand persons were killed every year in London alone from small-pox. Now during the eighteenth century the deaths from all causes were under one-half of sixty thousand. Small-pox in the same period never killed four thousand persons in London in one year. This shameful thing does not shock Dr. Neville Wood at all. But he is shocked that I exposed it so bluntly. Surely Dr. Wood should be careful in his remarks, or the public may think his word is not trustworthy.

Dr. Neville Wood has so little judgment or discretion that he quotes Dudfield's cooked figures in relation to deaths from small-pox—that the vaccinated die off at 8·8 per cent. and the unvaccinated at 44·4 per cent. The medical man who believes such figures must be ignorant of the history of small-pox. In the eighteenth century, when vaccination was unknown, the unvaccinated died off then at 16 or 17 per cent., although then, to cure small-pox, the medical men ordered pickled herrings to be tied to the feet of the sufferers, and live fowls placed *anus ad anum* to draw down the humours, and live pigeons placed in a like manner, for a like effect, in the case of children. Now, if under a more enlightened treatment the unvaccinated die off at more than a doubled rate, then there is no alternative—the doctors poison the unvaccinated that vaccination may be more honoured. But if we could hang a hospital doctor or two, or could place them in danger of hanging, then we should learn the truth—that all the confluent cases were put down as unvaccinated though the patient said he was vaccinated and his friends protested that he was. Then the discrete cases, which should bring no death at all, if they receive no harm from physician or nurse, according to Sydenham and others, are classed as vaccinated.

Why did not Dr. N. Wood quote statistics not cooked by medical impostors, but attested by the Registrar-General? His last statement on the subject in relation to London is—

Decades.			Estimated Mean Population.				Small-pox Deaths.
1851-60	...	...	2,570,489	...	...	...	7,150
1861-70	...	...	3,018,193	...	...	...	8,347
1871-80	...	...	3,466,486	...	...	...	15,543

These figures are a startling exhibition how the vaccinators are stamping small-pox in, instead of out.

He quotes, then, Dr. Tompkins on revaccination. This man was answered in his own city by one convincing fact :

*To the Editor of the [Manchester] Examiner and Times.*

"Sir,—The extract which you publish to-day from a paper read at Owen's College by Dr. Henry Tompkins tempts me to venture a few observations respecting revaccination. Some years ago the firm with which I am connected, at the instigation of my brother, succeeded in having all our *employés* revaccinated, and eleven months after, to our utter dismay, we found that five out of a total of thirty-four were down with small-pox, two of whom died. Since then we have had no revaccination. I believe that to careful and proper precautions alone is due the immunity from small-pox which nurses enjoy. I will conclude with a short quotation from Mr. Frank Thirp Porter, M.R.C.S., of the Dublin Small-pox Hospital: 'With regard to revaccination, I have no faith in it. Not one of the thirty-six attendants at the South Dublin Union has taken small-pox. Only seven of the number were revaccinated, and, as the remaining twenty-nine enjoy the same immunity, wherein is the necessity for the operation?' Requesting you kindly to allow me a little space for this note,

"I am, yours, etc.,

"December 19."

"G. RICHARDSON."

How easily and completely I have overturned the statements of Dr. Neville Wood, and shown that his witnesses are not trustworthy!

The defence of vaccination will soon be too great an absurdity for any respectable man to attempt. Some who live by the plunder of fees and official salaries may stand by it until they find that the imposture is no longer tenable.

Anti-vaccinators, who have given every energy and every talent to this end, may now indeed rejoice, and cry aloud,

"If we have whispered truth,  
Whisper no longer;  
Speak as the thunder speaks,  
Stern and stronger."

Yours faithfully,

W. G. WARD.

Perriston Towers, Herefordshire.

## DR. GUINNESS'S REMINISCENCES OF HOMŒOPATHIC DISPENSARIES.

SIR,—I have the pleasure of forwarding to you last year's report of our dispensary. We opened it in June, 1872, with one or two patients, and we observe that we have had in nine years and a half 15,251 patients. I was the first to establish a homœopathic dispensary here, and so may be considered the first to establish the system at this great seat of learning, and have also been instrumental in converting some of the Fellows of our University. In your December number of last year I observe with pleasure that a favourable notice of the Exeter Homœopathic Dispensary is recorded. It is stated that "it was established May 21st, 1849," but it does not state that *I was the founder of it*, and left it in a most flourishing state, under the presidency of the late Sir J. Kennaway, Bart., in the year 1858, when I immediately established the Reading Homœopathic Dispensary, which, I believe, is doing very well under the good auspices of Mr. Butcher. Thus I have established three dispensaries since the year 1849; and also was the first, in conjunction with Dr. Carl Luther, to work the Dublin Homœopathic Medical Institution about the years 1845 and 1846, as you will see by referring to a letter of mine, and cases published in the *Journal of Homœopathy* for 1847, at page 124. Previous to 1845 I held Homœopathy in utter contempt. The first time I ever heard of the system was from the late William Stokes, M.D., of Dublin (the celebrated stethoscopist and physician to Her Majesty in Ireland). I was resident pupil in the Co. Dublin Infirmary about 1834, when a case of hydrophobia was admitted, and he remarked to me, that as the case was, in his opinion, incurable he would try Homœopathy, and (I think) he ordered tincture of *Bell.* in small doses without any benefit. Some years after I met in consultation the late Sir Philip Crampton, Bart., and I spoke to him in a very derogatory way of Homœopathy. He replied, "I do not think it is quite such humbug as you imagine, and if I was a young man I would certainly study it." But it was in the year 1844 that I was really led to study it, through the strong advice of my cousin, the late Sir B. Lee Guinness, Bart., the father of Lord Ardilaun; he most kindly bought me all Hahnemann's works, gave me a case of medicines, and begged me to give it a fair trial in my dispensary (he being one of the governors of it), remarking at the same time that if I found it to be humbug I could expose it to the world. I shall never forget

my surprise at finding that cases which resisted the usual practice yielded quickly to the new system, so in 1845 I determined to study it in London under the late Dr. Curie, who kindly assisted me greatly. On returning to Dublin some months after, I sent in my resignation to the governors of my allopathic dispensary; they, however, declined to accept it, and requested me to practise the new system in the dispensary for six months, saying they would closely watch the result. At the end of that period I was again unanimously re-elected to the institution, one of the governors, the Rev. Josiah Crampton, son of Sir Philip Crampton, Bart., voting for me. I continued to hold it with great success for about two years, when in 1847 I determined to settle in Exeter, this being a larger field for practice than Clontarf, where my dispensary was. I trust you will not consider it to be vanity on my part in thus drawing your attention to these facts, but I must confess that it is cheering to a man well advanced in years to be able to reflect that he has in some small degree been instrumental in establishing our invaluable system of medicine in this country, and to have been the means of converting *many thousands* of the rich as well as the poor to it, and also of saving their lives by it.

I am, dear Sir,

Yours faithfully,

ARTHUR GUINNESS, M.D.

Oxford, Feb. 6th, 1882.

P.S.—Our chairman, the Rev. T. Chamberlain, is Senior Fellow of Christ Church, Oxford.

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## REPORTS OF INSTITUTIONS.

### NOTTINGHAMSHIRE HOMŒOPATHIC INSTITUTION.

#### *Twenty-seventh Annual Report.*

IN issuing the twenty-seventh annual report of this institution, Dr. Stanley Wilde has first to announce the retirement from practice of its founder, Dr. Bradshaw.

During a period of twenty-seven years in which Dr. Bradshaw worked unremittingly as physician to this dispensary, some thousands among the poor of suffering

humanity have been relieved at his hands, and 33,000 patients have, in that time, presented themselves for treatment.

Dr. Bradshaw has carried with him, in his retirement, the regrets and hearty good wishes of all who were, in any way, associated with him in his long career of practice in Nottingham; and none have been more earnest in their expressions of gratitude and regard than the poor attending this institution, between whom and Dr. Bradshaw a sincere and mutual attachment existed.

In the past year, the number of new patients who have made application for treatment at the dispensary amounts to 1,084, whilst the total number of attendances was 9,245; an unbiased testimony as to the estimation in which Homœopathy is held by a considerable proportion of the poor of Nottingham and its neighbourhood.

The preceding numerical statements should cause those who are accustomed to denounce Homœopathy (knowing, at the same time, nothing of its essence or its workings), to reflect whether patients would attend a dispensary in such numbers if they derived no benefit therefrom.

The influence of homœopathic treatment upon mortality is strikingly instanced in the returns of the New York Homœopathic Mutual Insurance Company, which company assure the lives of persons who pledge themselves to be treated homœopathically, when ill, at 10 per cent. lower rates than those who will not do so. In the first ten years of its existence 8,332 policies were issued to homœopathists, of which 112, or 1 in 74, terminated in death; and 2,360 were non-homœopathic—of these 75, or 1 in 31, terminated in death.

That this dispensary is regarded as a boon by the patients, who come from far and near, there is ample and frequent evidence; but many of the applicants for treatment are unable to afford even the nominal fee charged, and often request a subscriber's ticket; these, alas, are difficult to obtain owing to the small number of subscribers. The sphere of usefulness of the institution might, therefore, be greatly enhanced by a more extended support in this direction. To meet this want, Dr. Stanley Wilde has made an alteration in the issue of subscribers' tickets. Subscribers of one guinea will, henceforward, receive *eight* tickets (instead of five, as previously), each ticket conferring on a patient one month's advice and medicine.

[There is a healthy ring about this report that does us good, and we hope our Nottingham friends will rally round Dr. Stanley Wilde, and give this institution their most liberal and ungrudging support. It is a matter of sincere congratulation that our cause is so ably and manfully represented at Nottingham. We commend this report to Sir William Jenner, and the *Lancet* has our permission to reprint it.—Ed. *H. W.*]

## OXFORD HOMŒOPATHIC DISPENSARY.

### *Ninth Report.*

THE Committee, while making their usual report of the attendances of patients, and the work done at the Homœopathic Dispensary, record a small falling-off in the subscriptions, due to the circumstances of the times and to deaths or departures from the neighbourhood of some of their subscribers.

They further call attention to the fact that a considerable number of the patients come from towns and villages in the environs of Oxford, especially from Abingdon, Kidlington, Iffley, and Cowley, which they hope may induce the wealthier inhabitants of those places to feel they have an interest in the Dispensary.

They renew their thankful recognition of Dr. Guinness's attention to the patients seeking relief, whose appreciation of his treatment is indicated by their voluntary offerings.

The Dispensary is at 37, Hythe Bridge Street, Oxford, and its books show the following interesting figures:—

New Patients admitted in 1881	...	...	...	...	921
Attendances	...	...	...	...	2,442
Vaccinations	...	...	...	...	30
Deaths	...	...	...	...	5
Total number since 1872	...	...	...	...	15,251

The deaths during the year have been in four cases among children, from convulsions, vomiting and diarrhœa, suppressed scarlatina (the patient being found in a dying state), and atrophy after measles.

The remaining case was one of phthisis, aged twenty-three.

Dr. Guinness is almost the father of homœopathic dispensaries in this country, and it is, therefore, very pleasing to see him still to the fore in the good work.

Our readers in and around Oxford may be glad to know that the treasurer of this useful institution is O. Underhill, Esq., J.P., 37, Corn Market Street, Oxford.

Among the patronesses we see Her Grace the Duchess of Marlborough, Lady Catherine Barker, and Lady Willoughby.

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### A SUGGESTION BY DR. ———.

A WELL-KNOWN and rising colleague has written to us as follows:—

“A plan has occurred to me by which I think our knowledge of certain medicines might be much increased, and the value of the *Homœopathic World* augmented at the same time. It is this: Let your contributors be invited to give their clinical experiences of some of the more uncommon, or rather least-used medicines, taking one medicine each month, and putting all the “experiences” under one heading. Let the particular medicine be decided on each month by yourself, giving due notice in the previous number as to the medicine to be discussed in the following issue. Some such heading as ‘Clinical Experiences of (say) *Mesereum*’ would be appropriate, but of course this would be left with you. The great point to be gained by this plan is, that by adopting it the *Homœopathic World* would, by the end of next year, become a valuable book of *reference* to the professional man, and our knowledge of the drugs much extended. I, of course, simply offer this as a suggestion, and you will be better able than I to judge of its utility.”

We think this suggestion a very excellent one indeed, and, if put into practice, it would really be of great utility to us all. The fact is just this: scores of sound practitioners do not find time to write a formal paper, but they have made numerous observations, and might easily dot them down and publish them if they could, as it were, just drop them into a basket with similar ones by others. Of course, the success of the scheme depends upon the *general* support of the profession; we can only add our mite with the rest.

As a beginning we name *Mesereum*, and in our next issue we propose to bring any notes thereon which we may receive. Each note to be authenticated by the name of the observer, or, the author being known to us, a *nom de plume* may be adopted. We ask all our colleagues to join in it.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

EDITOR OF "LA REFORMA MÉDICA" (Órgano del Instituto Homeopático Mexicano).—Your exchange for the *British Journal of Homœopathy* should not be sent to us, but to Dr. Dudgeon, 53, Montagu Square, London, W.

MR. E. THOMAS, CHESTER.—Your paper on "Veterinary Homœopathy" is in type.

DR. USSHER, RICHMOND.—Your "Notes by the Way" are in type.

DR. SAMUEL SWAN, NEW YORK.—Your "Clinical Cases" will appear shortly.

DR. THEOBALD, LONDON.—We think you had better somewhat modify your reply to Dr. Skinner; the language is a little severe.

DR. MOORE, LIVERPOOL.—We have to repeat our words of last month; you see we have an *embarras de richesses*.

CORRESPONDENTS.

Communications received from Dr. Bayes, Brighton; Dr. Berridge, London; H. Adkins,

Esq., Salford Priors; Dr. Edward Blake, London; Captain Maycock, London; Dr. John H. Clarke, London; Dr. Harmar Smith, Ramsgate; Dr. Cooper, London; J. Brewster, Esq., Cheltenham; Dr. Ussher, Wandsworth; W. H. Heard, Esq., St. Petersburg; Dr. Skinner, London; Professor T. F. Allen, New York City; Dr. J. O. Guernsey, Philadelphia; Dr. Shuldhham, Putney; Dr. Guinness, Oxford; Dr. Galley Blackley, London; Dr. Theobald, London; W. G. Ward, Esq., Perriston Towers; Dr. Eugene Cronin, Clapham Old Town; Dr. F. Park Lewis, Buffalo, N.Y.; G. A. Cross, Esq., London; E. Thomas, Esq., Chester; Dr. Gallavardin, Lyons, France; Dr. Martiny, editor of the *Revue Homœopathique Belge*, Brussels.

BOOKS AND JOURNALS  
RECEIVED.

American Observer, December, 1881.

The Medical Advance, December, 1881.

The Ophthalmoscope: its Theory and Practical Uses. By C. H. Vilas, M.A., M.D., etc. Chicago: Duncan Brothers. 1882.

Bulletin de la Société Médicale Homœopathique de France, Numéros 4, 5, 12

United States Medical Investigator, November 15, December 1 and 15, 1881.

The Weekly Medical Counselor, December 21, 1881, January 4, 11, and 25, 1882.



**La Reforma Medica.**

**Chronic Sore Throat.** By E. B. Shuldharn, M.D., M.R.C.S., M.A. Second Edition. London: E. Gould and Son. 1881.

**Hahnemannian Monthly,** January, 1882.

**Report of the Bureau of General Sanitary Science, Climatology, and Hygiene, to the American Institute of Homœopathy, Session of 1881.** Bushrod W. James, M.D., Chairman. Pittsburgh. 1881.

**Allgemeine Homœopathische Zeitung,** Bd. 104, Num. 3, 4, 5, 6.

**How Condensed Milk is Prepared: its Use as an Article of Diet for Infants.** By Joseph C. Guernsey, M.D. Philadelphia: Sherman and Co. 1879.

**Report from Eminent Authorities on the Use of Condensed Milk.** By Joseph C. Guernsey, M.D. Chicago: W. A. Chatterton. 1879.

**Ophthalmic Therapeutics.** By Geo. S. Norton, M.D. Second Edition. Boericke and Tafel, New York and Philadelphia. 1882.

**American Observer,** January, 1882.

**Dietetic Reformer,** February, 1882.

**Monthly Homœopathic Review,** February 1, 1882.

**Dress: its Sanitary Aspect.** By Bernard Roth, F.R.C.S., etc. London: J. and A. Churchill.

**The Indian Homœopathic Review,** January, 1882. [A new venture.]

**Hahnemann as a Medical Philosopher.** By Dr. Hughees. London: Gould and Son. 1882.

**Boletín Clínico del Instituto Homeopático de Madrid.** 30 de Enero de 1882,

**The Clinique,** January 15, 1882.

**New York and Chicago Medical and Surgical Journal.**

**Revue Homœopathique Belge,** Janvier, 1882.

**Therapeutic Gazette,** December, 1881.

**Journal of Medicine and Dosimetric Therapeutics,** January and February, 1882.

## The Homœopathic World.

### CONTENTS OF FEBRUARY NUMBER.

#### LEADING AND GENERAL ARTICLES:—

The Allopathic Tradesmen at their Guild.

Clinical Notes.

Arnica-Poisoning and Nosodes.

Domestic Hygiene: How to Select a House.

The Session for 1881 of the International Hahnemannian Association.

Mr. Lister's Peacocks' Feathers.

#### LITERATURE:—

Nosodes and High Potencies.

The Principles of Drug Selection.

Otis Clapp and Son's Visiting List and Prescription Record (Perpetual).

A Letter to the Medical Acts Commission.

Form of Petition Proposed by Dr. Bayes.

Opinions on Dr. Bayes's Letter and Petition.

The Licentiate in Homœopathy.

#### CORRESPONDENCE:—

Veratrum Album in Peritonitis and Cystitis.

Dr. Skinner on Melittagrimum.

Dr. Neville Wood on Vaccination.

List of Subscribers to the London School of Homœopathy.

Homœopathic Dispensary at St. Leonards-on-Sea.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

APRIL 1, 1882.

## THE LAMSON CASE.

THIS cruel case has terminated, and many are the comments that have been made upon it by the daily and weekly press. From a medico-forensic standpoint it makes a new departure, inasmuch as the *physiological test* has been admitted as evidence sufficiently strong to hang the accused. That this is just and right nearly all experts will agree.

Although the various writers in the press have animadverted upon the affair in its many bearings, yet there is one that has escaped attention. We refer to its bearing upon scientific therapeutics, commonly called Homœopathy.

It is not a little remarkable that every time toxicology makes a new stride ahead it is almost sure to bring grist to our homœopathic mill—material wherewith we work.

Our readers are all familiar with *Aconite* — *Aconitum Napellus*; they do not need to be told that an infinitesimal, i.e. very small, dose of it will allay fever, and cure inflammations. They know well that we are always preaching that *Aconitum* thus allays fever and cures inflammations in accordance with the law of similars, *similia similibus curantur*.

An allopathic metropolitan surgeon lately said to us, "I am not a homœopath, but I do believe in *Aconite* for fever!" What a *testimonium mentis paupertatis*!

What was the state of Percy Malcolm John's organs?

"The stomach was reddened, as from congestion; in the region of its greater curvature there was a little slit as if a blister, or inflammatory effusion of lymph, had broken."

"The kidneys were congested."

"The spleen was congested."

And similarly of other viscera.

Dr. Stephenson stated at the trial that he had tried *Aconitia* on his own body by putting it on his tongue. The symptoms were "*Burning of the lips*; it was a

burning, tingling, a kind of numbness, peculiar but difficult to describe; a salivation, creating a desire to expectorate; *a sensation at the back of the throat of swelling up*, and this was followed by a peculiar *seared sensation of the tongue*, as if a *hot iron* had been *drawn over it*, or some strong caustic placed upon it."

Do we need a better picture of a sharp attack of inflammation somewhere in the organism?

Dr. Stevenson naïvely admitted in his cross-examination that he had heard of the use of *Aconitine* in fevers! So have a few other people since the days of Hahnemann.

Pressing it home, Mr. Montagu Williams said to Dr. Stevenson, "Have you heard of its use internally in severe cases of fever?"

Mark well the reply: "Yes; I have heard of its use in fever, but not in typhoid."

It is even thus. But why? Because the fever caused by *Aconitum* is not typhoid in its character!

Mr. Montagu Williams continuing said, "Have you heard of its use in pleuro-pneumonia?"

What was Dr. Stevenson's reply? He said, "Yes, but in very minute doses."

We are quite aware that the questions and answers were from a toxicological point of view, but they none the less prove the truth of Homœopathy. No such proof was needed, we have had it for the best part of a century, but still since an allopath has proved it again, and on his solemn oath, we having found this proof, have made a note of it.

## A COMPLICATED CASE, WITH DROPSY—CURED.

By Dr. JOHN MOORE.

JOSEPH S., sixty-one, of sanguineo-lymphatic temperament, fair complexion, 5 feet 6 inches in height, stout build, and short neck. Has been subject to gout for four years—viz., he had his first attack at that time. His occupation is an indoor one, being keeper of a large place of worship. His habits very regular and temperate, the great defect in his manner of life being absence of open-air exercise, the loss of which most surely lays the foundation of gout in persons predisposed thereto—progressive muscular exercise in the open air is an absolute necessity in the gouty if health

is to be preserved. Smart walking or rapid riding, as in hunting, is a *sine quâ non*—not the mere “dawdling,” as the Scotch call it, which might be rendered in English as “strolling”—not such exercise, but exercise in earnest, up to the perspiration point, is daily required. This by the way. The patient above named was seized with gout on the 29th December, 1880. It began in his right foot and continued there for some days, then suddenly shot into the left foot, where it continued for several days, also with great violence, and seemed to defy the medicines hitherto prescribed for former attacks. These were *Colchicum*  $\phi$ , *Puls.*  $\phi$ , and *Podophyllin* occasionally. At the same time—viz., co-existent with the gout, bronchial congestion with asthma was present, necessitating *Bryonia*, alternated with one of the gouty medicines. So far all appeared to be easily met and managed, but on examining the feet, effusion into the cellular tissue was found, which extended round the ankles and crept up the legs to the knees. Here was a serious complication—gout, anasarca, bronchial asthma, with evident hepatic congestion likewise. What was to be done? Call in Quain and Co.? and abandon Homœopathy and dishonour the master and the system!! No, stick to the guns, unless you are *blown* from them. Happily my sensible patient had former experience of homœopathic treatment, and would not even have the advice of an allopathic doctor when I offered him the privilege of doing so. Considering the hepatic origin of the anasarca, I prescribed *Apocynum*  $\phi$ , but failed in getting any speedy result therefrom. The pulse condition, slow and intermittent, led me to *Digitalis*. I accordingly prescribed it, though the urine did *not* indicate it. I regard albuminous urine as one of the very best indications for *Digitalis*. Here there was only the usual gouty urine. I therefore alternated the *Digitalis* with *Colchicum*, and soon found improvement in the diminution of the dropsy, increase in the urine, etc. Continued these steadily until a fresh complication arose. In the second week of February, whether from the change of weather to east wind or otherwise I know not, the patient was seized with shiverings and violent pain in the region of the heart, the area of dulness of that region increased, inability to lie down, and great distress in breathing. Pulse rose to above 100. Diagnosed the attack as pericarditis with effusion, the sounds of the heart muffled, and the lungs so engorged that no definite râles could be registered except

loud mucous ones. I notified the wife and friends to be prepared for the worst, such was the alarming character of the attack, coming on the heels of what had preceded it, and with so much already expended energy.

However, remembering what is said by the poet, "Who does the best that circumstance allows," etc., I struck out, *not* very hopefully I admit, the course to be followed. Applied hot poultices, gave *Acon. A.* and *Tart. Stib.* every hour, and had the satisfaction in two or three days of seeing the heart pain removed and the lungs relieved very much; still it was nearly a fortnight before he could lie down flat in bed. Now the cough and difficult expectoration were the most prominent symptoms. *Phosphorus* was given, but without much effect. Besides the cough and the troublesome expectoration, a very marked symptom was the *blood-red urine* which was present; this led me to think amongst the gouty medicines of *Benzoic Acid*, and amongst the bronchitic and asthmatic medicines of *Kali Bichrom.* I soon found improvement in all the symptoms, and persevered steadily with one or both of these medicines. The chest symptoms yielded to the *Kali Bichrom.*, the gouty relics and kidney secretions benefited by the *Acid. Benzoic*, albeit the *K.-Bich.* plays its part in the latter symptoms also. To these two medicines I attribute the cure. For the liver sluggishness I gave a few doses of *Sanguinaria* at the close. In April the patient was able for his duties, the case lasting over three months.

*Reflections on the Case.*—I think it will be admitted even by the *regulars* that this was a very serious case for any treatment, and, with the exception of age, was a worse case to treat than the Beaconsfield case, the addition of the pericarditic attack making the hazard doubly hazardous, yet, by dint of adaptation of the medicines to the symptoms, parts affected, organs involved, and the speedy subdual of the acute affections as they arose, most satisfactory results were obtained.

The underlying gout was never forgotten; hence, in my choice of medicines, I sailed on that tack, and to that I attribute in measure the success. I have said nothing respecting the diet. That was chiefly farinaceous and milk, giving fish when able to take it, but no animal food whatever. As regards stimulants, I gave him a tablespoonful of whisky *three times* a day during the *dropsical period*, omitting it of course when pericarditis set in.

The *rationale* of the whole case may be thus summarised. The patient was seized with acute gout, complicated with bronchial asthma and hepatic congestion. These were followed by anasarca of both legs.

This anasarca, as was afterwards discovered, was *cardia* in its origin, and not hepatic simply, hence the *Apocynum* did no good, but the *Digitalis* rendered signal service, in one-drachm doses of the infusion given every four or six hours. The attack of pericarditis with effusion revealed the crippled condition of the heart, probably from previous attacks of gout. I believe the "crippling" consisted in concentric hypertrophy, as manifested by the indistinct sounds of the heart, and that the indistinctness did not arise *entirely* or *mainly* from the pericarditic effusion. There was no evidence of *valvular* disease.

Query—Do gout and rheumatism act differently on the heart in this respect? While rheumatism produces the too well-known valvular disease, does gout only affect the walls? Perhaps some of your contributors will answer this question.

As soon as the pericarditis was removed, the remaining symptoms were happily met by the *Benzoic Acid* and *Kali Bichromicum*, both bronchitic and gouty medicines corresponding to the then existing state of things. It may be well to state that the urine, though blood-red, as described above, was never found to be albuminous in any stage of the attack.

Liverpool, January, 1882.

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## A NEW HOMŒOPATHIC EDITOR.

DR. ARTHUR S. KENNEDY, of Blackheath, has joined the editorial staff of our ably-conducted contemporary, the *Monthly Homœopathic Review*. We extend to Dr. Kennedy a hearty welcome, and wish him great success and much usefulness in his journalistic career; that he has literary ability we know, and we are gratified to think that it will be used in the cause of medical truth.

(This little notice comes a little *post festum*, but it was written at the time of Dr. Kennedy's appointment, and was mislaid.)

## CASES OF SKIN DISEASE TREATED IN THE LONDON HOMŒOPATHIC HOSPITAL.

By J. GALLEY BLACKLEY, M.B. Lond., Physician in Charge of the  
Skin Department.

CASE 1.—*Acute eczema assuming the impetiginoid form.*—Wm. E—, æt. forty-six, chapel-keeper, admitted April 27th, stating that a week ago a copious rash broke out upon his arms. Had never had such an attack before. On admission both arms and hands, and the ears and face, were covered with a fine papular and vesicular rash, seated on a somewhat inflamed base, and discharging copiously. *Rhus Tox.* 1x, gtt. j. every four hours, the parts to be dressed with oiled rags and washed twice daily in bran-water. A full diet was allowed. For a week the case continued to improve, all the patches becoming dried and not so inflamed.

May 6th.—Hands and face still better, but the rash has broken out over both legs. Temperature last night was 101.4°, and is 99° this morning. To have *Sulphur* 3, a pilule three times a day.

7th.—Temperature last night 101.2°, this morning 99°. The rash on the legs has become distinctly pustular. Face continued to improve. One arm was therefore dressed with starch and zinc powder, the other being meanwhile dressed with oiled rags as before. For six days the evening temperature continued above 100°. The arms continued to discharge freely.

On May 13th the arm dressed with oil was manifestly much better than the other; the use of the starch and zinc powder was therefore discontinued; *Ant. Tart.* 3x, gr. j. t. d., was substituted for the *Sulphur*.

17th.—Temperature normal night and morning. Rash still fading, but slowly. *Arsen.* 3x, gtt. j. t. d. From this date the rash continued to fade slowly, and on the 29th the patient was discharged "nearly well."

CASE 2.—*Eczema impetiginodes (chronic form).*—Rose P—, æt. five. Admitted November 8th. The hairy scalp is covered with a closely-set pustular rash, through which straggling hairs appear here and there. The rash appeared when she was eleven months old, and has never disappeared since. The child has also an unhealthy ulcer on the left cheek, about the size of a sixpence. For the first fortnight the child received *Ant. Tart.* 3x, gr. j. t. d., bread-and-water poultices dusted over with the same being applied to the

scalp, the hair having been cut short, a generous diet being given at the same time. After leaving off the treatment the scalp speedily became covered with dense waxy scabs of the colour of honey, the ulcer on the cheek having also scabbed over.

November 22nd.—*Sulph.* 3x, gr. j. t. d., and the following ointment to be applied to the scalp after clearing away the scabs with a plain bread poultice. *R. Ung. Sulph.* 3ss, *Ung. Petrol.* ad 3j. *M. ft. ung.*

This treatment was continued uninterruptedly until the 12th January, 1881, when the patient was discharged much improved. The child continued the same medicine as an outpatient until April 7th, when she was considered cured. She has since (August 4th to 31st) been under treatment for severe cold, but there had been no return of the rash, and at her last visit she had a fine crop of hair, one inch and a half long.

Case 3.—*Eczema and pityriasis, followed by acute pulmonary tuberculosis; death.*—Jane M—, æt. thirteen, was sent to the hospital from an orphanage on September 1st, suffering from a rash which made its appearance about a month previously, a few days after being vaccinated. The case is interesting as bearing somewhat upon the question of the suppression of rashes in general.

When admitted, the whole of the body was found to be more or less thickly covered with an eczematous eruption, assuming here and there an impetiginoid character, and for which she was ordered *Sulph.* 3, gtt. j. t. d., and inunctions of *Vaseline* to allay the very considerable irritation. The chest was not examined for some days after admission, during which time the skin made rapid progress, the vesicular rash having given place to a dry branny condition. The skin was noticed to be very hot and pungent, and the temperature night and morning, six days after admission, was 101·2° and 98·4° respectively. Has a troublesome cough, with scanty muco-purulent expectoration. On examining the chest both lungs were found duller on percussion than normal; over the left apex were the usual indications of a small cavity. The nurse says she has never perspired since admission. Left cheek persistently flushed. Medicine changed to *Acon.* and *Phos.*, and was ordered a wet-sheet pack in the evening. From this date until the end of the month the condition of the skin steadily improved, and at the beginning of October it was normal, except in the matter of perspiration, which



only takes place when she is in the pack. The lung mischief, on the other hand, made rapid progress in spite of the usual remedies, and the patient died on the 21st of October.

The autopsy showed both lungs of the consistency of very hard sponge, and studded in every part with grey miliary tubercles. In the left lung was one large cavity of the size of a walnut, with several smaller ones. The abdominal viscera were free from any appearance of tuberculous deposit.

Case 4.—*Purpura urticans*.—Mary M., æt. sixty-one, no occupation, admitted an out-patient on January 2nd, 1881, suffering with a rash which had existed some months. Had soft chancre, followed by bubo, when a young woman. The rash presents the following characteristics:—The flexor aspect of the forearm and the inner side of the thighs are thickly covered with a discrete rash of a livid colour, the spots being elevated above the level of the surrounding skin. The rash, in fact, bore a perfect resemblance to nettlerash in every respect but that of colour, and mingled with it were numerous spots of dried blood, evidently the results of violent scratching. The patient says the rash is worse in the evening, the itching being so troublesome as to effectually prevent her getting any continuous sleep.

I prescribed *Quin.* 3x, gr. j. t. d., and directed her to leave off beer, which she is in the habit of drinking, and to bathe the skin at night with warm vinegar and water. Under this treatment, continued steadily for six months, the rash slowly diminished in extent, each spot as it faded leaving behind an ecchymosis, which only disappeared after going through the usual phases, and even now brown pigment stains are left on the site of some, resembling the stains left after prurigo senilis.

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## BISMARCK A HOMŒOPATH.

It appears from statements in German journals that Prince Bismarck's family physician is a certain Dr. Zwingenberg, a homœopathic practitioner. In a recent number of the *Zeitschrift für Homœopathie*, Dr. V. Villiers states that Prince Bismarck first gained faith in Homœopathy at the time that he was ambassador at St. Petersburg, in which city Dr. V. Villiers was practising as a homœopathic physician, and effected the cure of a patient in a family with whom Bismarck was closely intimate.—*Chemist and Druggist*.

## ON WHITE SWELLINGS OF THE JOINTS AND THEIR HOMŒOPATHIC TREATMENT.

By C. RANSFORD, M.D., F.R.C.P., L.R.C.S.

In the *Lancet* of December 24th and 31st is an interesting paper by J. Greig Smith, Esq., one of the surgeons to the Bristol Infirmary. The subject of it is, "White Swellings of the Joints: generally called, and rightly too, Strumous." Mr. Smith divides them into two classes, which he calls synovial arthritis and medullo-arthritis. Both are usually considered incurable, more especially the latter. The paper is worth perusal, although the treatment may not be successful. It reminds me of the remarkable case of a little girl who was for a long time an in-patient of the infirmary under the care of my master, Mr. Nathaniel Smith. Blisters and other forms of counter-irritation were assiduously applied without the slightest benefit; the joint continued to enlarge its baggy appearance and feel increased, the health of the poor child continued to give way, as a last resource the joint was condemned, and after a consultation with the surgical staff, consisting of the late Richard Smith, Richard Lowe, and Mr. Hetling, it was decided that amputation above the knee should be performed, but the mother would not consent, and the child was taken home. Many months afterwards, being in the neighbourhood, I called at her home to inquire for her. To my astonishment, my little patient came running to meet me. I examined the joint: to all appearance it was cured. I congratulated the mother upon her happy escape from the surgeon's knife, and left wondering. Years after this the work published by the late Mr. Scott was put into my hands. I was now a licensed practitioner. Mr. Scott's successful treatment had gained him a large *clientèle*. Latterly he lived at Bromley, Kent. The answer to inquiries about the time when the coach returned to town (there were no rails then) was, "When Dr. Scott was done with his patients." I must refer those who wish for the details to his work, also to an abstract which I incorporated in a communication read before the British Homœopathic Society, which was printed in its "Annals," 1863. Upon inquiry I found that a neighbouring surgeon had done up the joint very carefully with a variety of plasters and ointments, and the child was cured. This so-called surgeon was an unlicensed practitioner. I was much impressed with the result, because a student is accustomed to consider the oracular sayings and doings of his teachers as

decisions from which there is no appeal. I did much good upon this principle, and studied with interest Scott's work "On the Treatment of the Diseases of the Joints, and of Ulcers and Chronic Inflammation." This work was not favourably received by the profession. It was severely criticised, and for reasons which may readily be imagined his reviewers pronounced Mr. Scott's pathological principles to contain nothing new, and his plan of treatment, *which was fully detailed*, was slighted and discouraged. Indeed, the history of this work well illustrates professional prejudice. It has been correctly observed that although an accurate description of diseased states, and the discovery of some phenomena about them not previously recognised, are hailed by the profession, and confer immediate distinction upon the author or observer, yet remedies or plans of treatment, however effective or valuable, are always received very coldly, frequently with perfect indifference, and sometimes may often, as we disciples of Hahnemann can testify, meet with unsparing and unscrupulous opposition. We could produce abundant unimpeachable testimony that John Scott succeeded in curing numbers of surgical cases which had been pronounced hopeless by many eminent surgeons of the day. In fact, he saved for his patients innumerable limbs which had been condemned to amputation. I refer to Mr. Scott's work and to the paper published in the "Annals" for full details of his mode of practice, which I do not now follow, because, thanks to Hahnemann, I have learned a better way, which I follow. Although Sir Benjamin Brodie's work gives information respecting the pathology of diseased joints, we believe that Mr. Scott's gives better instructions for curing them, so far as Allopathy is concerned. I refer my readers to the first case related by Mr. J. Greig Smith, to which is appended *not one word of cure*. Its perusal left an impression on my mind the reverse of satisfactory. He adds, "With the most skilful treatment the disease is always grave; indeed, I should probably be correct in saying that it is our most prolific source of amputations of the thigh." I narrate a case which the late Mr. Hey, of Leeds, tried to cure; failing, amputation was urged, but a patient of mine brought him to me. He had been an intemperate man, there was likewise reason to suspect a syphilitic taint. He was groom and valet, unmarried, set. thirty-one; an enlargement of the left knee-joint, attended with great pain, worse when he walked; he described the pain as running down to the ankle and up to the shoulder;

appetite bad, has lost flesh lately. *Hepar Sulph.* was ordered, with a lotion of the same applied to the joint; this relieved him considerably, and the joint became smaller, with less pain. After a few days, the joint being stiff, *Sulphur* was ordered internally, and externally as a lotion, but I substituted *Silicea* after two or three weeks with excellent results. He was under my care from August 28th, 1855, to March 2nd, 1856, when he was able to fulfil his duties by not having followed the advice of the eminent Leeds surgeon who recommended amputation.

The details of the next case were sent to me by a clergyman in the north of Ireland, with a request for my opinion and advice. I prescribed the external application of *Arnica*, the result being most gratifying. The following is the unaltered statement sent to me in October, 1860 :—Elizabeth McKenn, aged nineteen, suffered for several months from a swelling in the knee; the pain was excruciating, the leg greatly inflamed, and swollen to double its natural size. Several doctors were consulted, I believe six altogether, by the advice of a physician practising Homœopathy. He ordered *Arnica* diluted applied by well saturated linen cloths, covering them with oiled silk. The swelling gradually fell, and the pain altogether left the knee-joint. She was very weak for some time, I believe from the intense suffering. A doctor says that it arose from the dangerous nature of the lotion used. The girl continues well. A few weeks since she walked to church, a distance of eight miles there and home again. A somewhat similar, but not so severe a case, was that of John Neill, eight years of age; he was a scrofulous child, his left knee was swollen, white, and tense, painful when touched or moved. *Aconite* and *Arnica* were ordered internally, no external application of any kind was ordered. On the 27th of September he was discharged cured.

Another, and a very simple case, was that of Annie Low, æt. fourteen, residing at Penge. She applied to the Sydenham Dispensary on the 25th of March, 1862. The left knee was very painful, swollen, and evidently contained fluid. She walked with difficulty. Cloths dipped in *Arnica* lotion, and covered with oiled silk, were ordered. In less than two weeks there was diminution of pain and swelling. On the 8th of April she reported herself cured, and ceased to attend.

Here is another interesting case. Ellen Rogers, æt. eighteen, admitted at the Sydenham Dispensary in April, 1863. She was a fine healthy-looking girl; stated

that she had fallen down in December, 1862, and hurt her right knee, but did not feel any pain in the knee until March, 1863; she then went to St. Mary's Hospital on the 22nd of April following as an out-patient. She continued going for some time. During that time the tumour of the knee was lanced twice in one week, and pus mixed with blood was evacuated on each occasion. Two blisters in succession were applied to the swelling after that. Subsequently the knee was painted with *Iodine*. When she came to me the swelling over the patella of the right knee was considerable and tense, the surface raw. She walked with great difficulty, but her general health was good. I ordered *Silicea*, tinct. 6, to be mixed with lard, and kept applied to the part affected. In four days she walked about freely, and in ten days returned to her home in Buckinghamshire. This case illustrates, in my humble opinion, the evil results of the *nimia diligentia chirurgica*. A less heroic treatment at first, with *rest*, would perhaps have been attended with better results, but it affords to me fresh proof of the value of *Silicea* given internally and applied externally.

I will now give another instance of the value of homœopathic treatment, although not one of diseased joint, strictly speaking, but a case which Mr. Scott would probably have designated chronic inflammation. A gentleman, æt. sixty-nine, residing near Barnard Castle, County Durham, wrote to me for advice on the 13th August, 1862. I have never seen him, but give the details of the case as I received them. In February, 1862, he wrote: "I scratched my left ankle, and produced a wound in it larger than a shilling. My leg was then in places very black. I applied to the doctor here to heal it, but he could not, and it discharged a little thick white matter, then my foot swelled and puffed up. I was advised to drink broom tea, which I did, and do still drink it, and wear a bandage from my foot to my knee; but this was all to no purpose; my foot was considered dropsical, and the doctor frequently applied caustic to the wound, which gave me much pain. Since then my leg became full of red spots like pin-points up to my knee, and these red spots after some days became of a scarlet-red all over my leg and foot, with much hard swelling all over my leg up to the knee. My knee and ankle-joints are very stiff and scaly. There is also a tremendous itching, which continues at times, especially in the night; the itching is likewise about my arms, eyebrows, chin, neck, head, ears, body,

having a yellowish appearance. The wound in my leg is not healed up, it is small, and was never very deep." According to his own statement he had lived freely, and took a great deal of salt with his food. Since February he has been a total abstainer. Appetite is good. He is now taking Dr. Rooke's pills; he formerly applied tar ointment, but now rubs his legs with Holloway's ointment. He adds a postscript that he had for years been much troubled with rheumatism, and during the last ten years he had been compelled to walk with two sticks. For this not very promising state of matters I ordered *Belladonna* and *Arsenicum* to be taken alternately, and tincture of *Belladonna* with water to be applied on a cloth, oiled silk to be worn outside the cloth; the broom tea, Rooke's pills, and Holloway's ointment were to be immediately discontinued. In the course of a week he reported himself improved: the itching and swelling of the limbs had diminished; the limbs and joints were stiff from what he described as a hard, scaly scurf upon them; the urine had increased in quantity, notwithstanding the discontinuance of the broom tea; the scaly condition abated, and gave place to healthy skin; the urine was described as having a deep red sediment in it. Ten days afterwards he wrote that the swelling and inflammation of the leg had nearly disappeared, and the left leg was almost of the same size as the right one, which right leg itched constantly. The last letter which I received was on September 20th, 1862, in which he thus writes: "The redness and swelling of my legs are gone. You have done me more good in fourteen days than three medical men of Barnard Castle could or have done in five months, ever since the beginning of February last. One of my doctors came up this day to see me, as he has been watching the treatment; he said that he thought so too." The cure was completed by a lotion of *Silicea*, under which the wound healed. The medical testimony in this case is very important.

How evident is the superiority of homœopathic treatment, even in surgical cases! We did not fail to enjoin *rest* upon all our patients, but absolute rest was not practised by any one of them except the last. Therefore we consider the inference a fair one that our remedial agents were used under disadvantage. Our remedies, such as *Arsenic*, effect all, and more than all, that can be effected by Mr. Scott's applications, beneficial though they undoubtedly are. Their action on the skin is persistent and harmless. We can afford to discard

blisters, setons, moxa, etc. No one now disputes the influence of disorder of the health and the digestive organs in keeping up local disease; but little notice has been taken of the reverse truth—viz., the influence of *local* disease in keeping up disorders in the constitution and digestive organs. Yet the latter is as true and important as the former. Pain or any irritation in a part will assuredly spread disturbance throughout the system, and thereby impair the functions of the stomach and its connected organs, and when we can relieve this pain and soothe this irritation by appropriate and safe local remedies we shall go far towards imparting tranquillity to the system. "Disease of the joints," says Mr. Liston, "originate in a variety of ways, and in any one of the tissues which enter into their formation and composition." "I must confess," says Sir Benjamin Brodie, "that in proportion as I have acquired a more extended experience in my profession I have found more and more reason to believe that local diseases, in the strict sense of the term, are comparatively rare." Local causes may operate so as to render one organ more liable to disease than another, but everything tends to prove that in a majority of cases there is a morbid condition either of the circulating fluid or of the nervous system antecedent to the manifestation of disease in any particular structure, but the constitutional conditions giving rise to or associated with diseases of the joints are as various and as different as the local phenomena. I again recommend the perusal of Mr. Greig-Smith's papers in the *Lancet* of December 24th and 31st, but we cannot, I fear, learn from them anything fresh in treatment, at least by means other than the knife. All praise therefore be to Samuel Hahnemann.

55, Kirkdale, Upper Sydenham, February, 1882.

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### HOW ARCHBISHOP WHATELY BECAME A HOMŒOPATH.

LATELY, at the College of Physicians, a member spoke of Homœopathy as the "medicine of Archbishops and Lord Chancellors." We accept the compliment, although it was meant as a reproach. Dr. W. B. B. Scriven, of Dublin, tells us in a late issue of the *Monthly Homœopathic Review* how it came about that Archbishop Whately became a homœopath. It was in this wise. The late Dr. Charles Luther had

attended with success one of the Misses Whately. Her father the Archbishop, then a candid unbeliever, could not refuse his assent to the fact that the health of his daughter had been quite re-established under Dr. Luther's (homœopathic) treatment, *after a long period of delicacy and active medication secundem artem (Secundem Martem ?)*. His grace, still sceptical as to the efficacy of infinitesimals, remarked that Dr. Luther's success might, in a great measure, be due to the action of "mind on matter," but said that if he (Dr. Luther) would cure his favourite dog, a brown Irish water-spaniel, which was almost depilated by mange, and had been under the care of the most distinguished vets in London and Dublin, he would believe. Luther accepted the challenge; the dog recovered hair and health in six or eight weeks; the great logician became a firm homœopath, and continued so till death.

## NOTES BY THE WAY.

By DR. USSHER.

### Rhagades.

IN one of my cases, relieved by *Petroleum 2x*, there is an interesting sequel worth recording. The gentleman was taking *Bell.* for an inflamed swelling on the face, and he writes, "The red spot has nearly disappeared, but unfortunately the cuts (four in number) on my fingers have reopened the sixteenth of an inch, and very painful." Such was the story December 26th, not caused by plum-pudding, Dr. Dake! I then prescribed *Petrol. 12*, using some old-fashioned globules at least *twenty-five* years old, and I had this report January 14th:—"You will be pleased to hear my fingers have gradually healed right up, and they are going on nicely." To my mind this is a very apt illustration of psora, or the hydra-headed invisible something, or whatever you may call it. He had first an abscess caused by allopathic misuse of *Kali Hyd.*; when that was cured by *Hep.-Sulph.*, then rhagades opened; and, when they are healed, he gets an inflamed patch on the face. That set right, he is again visited by the old distress, which anew yields to the same remedy. While on the subject of fissures, I will note a very painful one on the tongue, coming apparently without cause in a very unhealthy woman. It showed during



her pregnancy, and the extreme pain of eating caused her so much distress that she looked haggard for want of food and rest. The sore had a white bottom to it, and refused to be healed, notwithstanding the kindly service rendered to her other wellbeing by *Sod.-Chlor. Bell.* also helped her rest. In the course of reading, and guided by the local action, it seemed to me that *Mur. Acid* was her remedy. She was *fainting, weak, slipping down in chair* (see proving settling down in bed), *sleepy after meals*, and *mind depressed*. Her improvement under the 3rd dec. was rapid, and with the cessation of pain she got sleep and more nourishment. Her confinement progressed favourably, contrary to all anticipation. I now have a case of fissured tongue and lower lip all but well from the persistent use of *Nit. Acid* 3x; and yet, finishing so well, I have foolishly given her the 200th. She brought me a bundle of prescriptions from some house of learning (not the sage's) at Chelsea. From these documents I saw they had largely given her mercury; and for some years back two of the allopathic breed in canny Scotland favoured her by similar kindness. I think they were "suspicious" about the *puir* body, and needlessly so. She had ulcers on her tongue, with deep cracks, always worse in damp weather, and there were snail-tracks in plenty; but I have seen them in "unco' guid" people, although taught by those who professed to know better that they were clear indications of very erratic conduct indeed. Perhaps so, and perhaps not; at any rate, *Nit. Ac.* has made beautiful amends for the ill deeds and suspicions of the faculty. I don't know her husband, but she speaks of him as a "verra respectable mon," as no doubt he is—she was full up of mercury.

### Pannus.

What is that? Let us define. A poor body, with awful-looking eyes, very little use to her; tears are plentiful and unwilling; her eyelids raw, red-cloth colour, and her once bright cornea red too, as if it rubbed off some of the colour from the eyelids. She had rather not look at you, and when her eye is presented to your gaze it seems as if some one had been rudely carving her bright eye. She was much worse since she went to Moorfields years back, when they operated on her, which piece of ingenuity I found was the adroit use of sulphate of copper. She had entropium and has now, but I did not despair of bettering her. I

could see a pupil in one eye, and with a strong suspicion she had one in the other; but old physic had done its worst before new physic was invited to help. It took me nearly a twelvemonth before I got improvement. Well, she kept to her text; she was always worse out of doors; always worse after the use of water, hot or cold; and for the east wind or north-east she had a perfect horror. She used to live in damp soil, get rheumatism and ague. She got sulphur among other good things, and I observed she was at times very snappish. Perhaps you would not expect *Chamomilla* to do a cornea good as well as a temper, but it did; and soon her pupils became defined, and the dread of weather less.

*Calcareo Cārb.* made her perspire profusely. At last in despair I made the most of her symptoms, and went to Allen and Lippe. In the former I found what I wanted, and at once made a note of it. She is now better in health, and her eyesight becoming a blessing to her, from the steady use of *Thuja* 2x and *Lycopod.* 12. She takes the former in the morning, the latter in the after part of the day, which, as Shakespeare says, "the rude multitude call afternoon." *Burning of eyes after washing—Thuja.* Worse after walk in cold air—*Lycopodium.* I could not make one medicine fit, so with two I filled up the hole. Now, she had *both* these medicines before, and the result was poor, but the alternation has been a success.

46, George Street, Richmond, Feb., 1882.

## RATTLESNAKE POISON.

DR. LACERDO FILHO has given the following facts in regard to the venom of the rattlesnake: 1st. The poison destroys the red corpuscles of the blood, and changes the physical and chemical [!] quality of the plasma. 2nd. It contains certain moving bodies somewhat like the micrococcus of putrefaction. 3rd. If the blood of an animal which has died of a snake-bite is inoculated into another animal of like size and species, each will die in a few hours with like symptoms and changes of blood. 4th. The poison can be dried and preserved for a long time without materially losing the specific quality. 5th. Alcohol is the best antidote yet known.—*New York Medical Tribune.*

## PHARMACOLOGICAL FRAGMENTS.

**Mezereum.**

[We last month published a suggestion that we should in each issue of the *Homœopathic World* set apart a space for odd bits of experience with certain drugs, whether clinical or purely physiological. We have chosen the above title, *Pharmacological Fragments*, as their generic name, and shall continue to publish such "Fragments" if they reach us for the purpose. We beg to thank those of our *confrères* who have kindly given us of their experience.—ED.]

No. 1.—I have found *Mezereum* of great service in *Ozæna*.  
M.R.C.S.

No. 2.—NEURALGIA CURED BY MEZEREUM.—This was in a gentleman æt. about thirty-four. It was a remarkably obstinate case, having been under treatment at intervals from June, 1879, till October, 1880.

June 24, 1879.—The patient complained of toothache in l. lower mo. and bicuspid. The tooth felt large; can scarcely bear a touch. The pain is continuous, but worse at night; there is also tight frontal headache, constipation, and slight coryza. *Mercurius* cc. removed these symptoms.

In October, 1879, the patient had lumbago, which was not relieved by *Rhus*, but cured by *Ruta* 200. It was a dull aching across the renal region, worse when upright, sitting, better reclining, relieved by movement, with tight frontal headache.

April 14, 1880.—Another return of the neuralgia in both jaws, especially right; pain like a sore bruise, going to the vertex; warmth ameliorates, cold aggravates, even cold touch applied to the gums. *Mercurius* mm. relieved the pain, but it returned in three weeks, for on May 7 the report is—Wakes every morning with toothache, and the general description is the same as on April 14. *Nux* 30 took this away for a time.

Again it returned on May 27, with swelling at the root of the tooth in the gums. *Staph.* 3x relieved till August 9, when pain returned in the left side, with same conditions and considerable languor. *Sulphur* 30 was administered with partial relief.

On August 27 general faceache; veins large; cannot bear the weight of his hat; left side of face worse; pain

all along the jaws and gums, dull, gnawing; sometimes more severe and boring; worse by cold, doubtfully relieved by heat; wakes him in the night, and makes a new start then. *Puls.* 30 and afterwards cm. This produced severe aggravation, followed by complete relief. Again it returned, September 15, 1880. *Coloc.* cm. kept it at bay for a few days, but it returned again every night on left side, extending from the face to ear, temple, and neck, shooting, cutting, digging; worse when warm in bed. *Syphilinum* dm. gave great relief, and the patient remained comparatively free from pain till October 20, when the attacks returned. Then I gave three doses of *Mezereum* 3 (no higher attenuation being at hand) at intervals of an hour. Every dose produced a very severe aggravation, but the pain then ceased, and has not returned. I have seen the patient to-day, March 13, 1881, and he continues free from neuralgia. The neuralgia was plainly a constitutional crisis (as it usually is); and as it was treated and ultimately cured by internal remedies, without any other than domestic local applications, he has been in better health since than he had been for some years.

R. M. THEOBALD, M.A., M.R.C.S.

No. 3.—The idea is a good one, and has my hearty approval. I am just one of those who have neither time nor liking for writing regular papers.

As to *Mezereum*, I rely on it in *periostitis*, more especially of the rheumatic variety. Of course you know it is a very old remedy in painful bone affections. M.D., London.

No. 3.—I was led to prescribe *Mezereum* a few months ago in a case presenting the following peculiarities:—Patient (a middle-aged man) had a curious warty-looking patch of eruption on the scalp just above the right ear, which had existed since childhood. On the slightest touch the spot would itch most intolerably; otherwise it did not trouble him. I elicited, further, that whenever he had any ailment it always occurred on one side of his body (the right).

In the proving of *Mezereum* we find, “Aggravation on touching the part affected;” “itching eruption of head;” “gnawing itching of scalp;” “predominance of sufferings on one side of the body.”

Patient got *Mezereum* 2x, which he took for about ten days, with decided relief to the itching; but, having con-

sulted me quite casually in the first instance, he did not go on with the treatment. I mention this "experience" with *Mesereum* with the view rather to point out one or two characteristics of the drug than to detail any curative effects.

F. G. STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

No. 4.—The *Daphne Mezereon*, or *Mesereum*, is, in English, called the *spurge olive*, the spurge from the old French *espurge*; Latin, *ex-purgare*. The word spurge clearly refers to its effect upon the mucous membrane of the intestinal tract, for it readily purges. It reminds me in its action much of *Juglans Cinerea*.

J. C. BURNETT, M.D.

[For next month we name *Menyanthes trifoliata*.—ED.]

## ANOTHER CASE OF EUTHANASIA.

By E. W. BERRIDGE, M.D.

MR. —, aged 72, had suffered for about six months with right hemiplegia. His case was given up as hopeless by three allopaths, including two consulting physicians of the West End. They all said he must soon die. Under *pure Hahnemannian treatment* I greatly relieved him. One of the afore-said consulting physicians said, when he heard of it, that "it was simply conjuring." The patient, through his own obstinate folly, contracted a severe broncho-pneumonia afterwards, from which I again restored him. Towards the end, dropsy of the right leg came on. A few days before his death I was called to see him in the night. I found him with violent paroxysmal cough, each paroxysm being followed by lockjaw for a few minutes; there was also another new symptom, not apparently connected with the paroxysms, jerking of left arm. In Lippe's invaluable "Repertory," which I always carry with me to the patient's bedside, I found (p. 213), "Jerking of left arm, *Cicuta*." As this remedy also produces lockjaw, I at once dissolved a few globules of *Cicuta Virosa* 1m (Jenichen) in water, and gave a spoonful every two hours. The following afternoon I found that he had had a good night, much less cough, and no return of jerking or lockjaw. He lingered on in comparative ease for a few days, and passed away quietly in his sleep. He had fatty degeneration of the heart.

Is not such a result better than giving opiates to subdue the cough and pain of incurable cases, as so many pretended homœopaths do?

## VETERINARY HOMCEOPATHY.

### Arsenicum in Purulent Ophthalmia.

By E. THOMAS, Esq.

I WAS consulted early last August by Mr. Abraham Darlington, of Great Barrow, near Chester, respecting his cattle, eight of which, out of a stock of twenty-eight, were "going blind." I went out to see them, and found the symptoms as follows :—

1. Some appeared to be suffering from intense irritation of the parts about the eye, as shown by the continual scratching of those parts with their hind feet ; but there was no inflammation to be seen either on the eyes or the margins of the lids.

2. In two cases the blood-vessels were injected, and there was considerable watery discharge running down the cheeks, as in a furrow.

3. In each of two others one eye presented a glassy appearance, swollen and out of shape, and the animals were blind with that eye.

4. The eyes of two others were swollen out of all shape ; and the colour that of dark mahogany, with dark greenish spots ; while from the pupils raw-looking pieces of flesh, something like a miniature tongue, protruded.

The only history of this epidemic (or endemic) attack I could get was that this farmer's stock pastured on fields through which ran a foul brook, carrying some of the drainage of a small town some two miles distant. Another farmer's cattle also fed on similar pasture, and his also were attacked, but with these I had nothing to do. [I have just heard (February, 1882) that the other farmer's stock are still suffering, though still under regular veterinary attendance.]

I found on inquiry that the first three or four days after each animal was seized it drooped, lost appetite, and if in milk the quantity was greatly lessened. After about the fourth day, appetite, etc., returned.

Some thirty years' experience in homœopathic "treatment," both of bipeds and quadrupeds, had taught me the value of *Arsenicum*, *Hepar*, and *Merc.-Cor.* in such cases ; and after some consideration I decided to try *Arsenicum*.

My farmer was busy beginning his regular harvest-work, and had not the accommodation to separate the ailing ones from the others, so I determined that the whole of them should be physicked, which was done as follows :—

*Arsenicum* 2, ten drops in a tablespoonful of water, was given to each animal twice a day (of course a quart mixture was made at a time), and a lotion made with 1 oz. of *Liquor Arsenicalis*, B.P., in a gallon of water was also applied externally, a 1-oz. indiarubber syringe being used for the purpose.

I heard nothing for four or five weeks, when my friend called in one day to "pay the damage" for medicine, etc., and to say that the whole of the stock had taken the complaint, that all had recovered, and none were blind, quite contrary to our fears and expectations.

This is an instructive case, as a cure *with one remedy*, and I trust the experience so obtained may be of use to some of the many readers of the *Homœopathic World*.

16, Pepper Street, Chester, Feb. 23, 1882.

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## PROVING OF VARIOLINUM.

By SAMUEL SWAN, M.D., New York.

THE prover took *Variolinum* 1m. It caused confusion in head, as if she was going crazy, with a sensation as if it was all in the back of the head, running down the spine; followed by intense heavy, hot headache in occiput, neck, and region of medulla. Sensation as if head weighed a hundredweight, with tendency of it to fall forwards. During headache, deathly nausea in stomach-pit; hands and feet icy cold, especially hands; tongue coated yellow in morning; bad taste in mouth; no appetite; knees weak on going upstairs. Confusion of head remains after the pain.

For some time I have not vaccinated, but given *Variolinum* internally as a prophylactic. In the case of a child three years old it caused vomiting and pains all over. Two school-mistresses took it; one was not at all affected, the other was sick a-bed for two days. At an institution where I attend professionally there are 200 inmates; these are mostly waifs from the streets, and there are very few but what are benefited by a dose of *Syphilinum*, no matter what the complaint is. The Lady Manager informed me that the Board of Health was going to vaccinate. I told her I should prefer to give it internally. She acquiesced, and I gave each inmate two tablets medicated with *Variolinum* cmm. (Swan), one to be taken at night, and the other in the morning. Result: over 80 per cent. were made sick; 22 were in bed

two days; the remainder were all affected alike. Severe pains in back and limbs, violent headache, nausea and vomiting, white tongue, distress in stomach, and in most of them high fever. The 22 were very sick; all were up and about in three or four days. Most all were taken sick the second day. Forty of those who took the remedy were not affected in the least, and among them were quite young children.

These cases prove that *Variolinum* cmm. (Swan) acts, even if there is nothing tangible in it, and that it acts in the line of the disease which produced it.

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### USNEA BARBATA IN HEADACHE.

"IN March, 1878, I was cutting wood. I cut down a soft maple; the top was well loaded with moss. It attracted my attention; I viewed it closely. I ate a little, about the size of a hickory nut, as I trimmed up my tree. My head began to ache. I cut off one log, and had to go to the house. I could feel the blood press to the brain. My wife worked over me, and I got to sleep. Next morning felt well; never felt better. I did not think of the moss I had eaten. I went on a visit and was gone five days. On my return I went to my tree. The first sight of it reminded me of my headache. I gathered some of the moss and made a tincture. I soon had a case of headache to try my remedy on; it stopped at once.

"In the Fall, about September, a load of young folks came to pick cranberries. Two of the young ladies had headache from riding in the hot sun. Both took to the lounge. Now for my remedy. I put one drop of tincture in a goblet of water, gave a teaspoonful; ordered another in fifteen minutes. The second dose stopped the pain.

"A young married lady came on a visit to a relative—was having pains in her head. I was sent for; found her wild with pain. She said she had been subject to headache for five years; had got tired of doctoring. Gave her one drop in a cup of water, teaspoonful in twenty minutes; no more pain. I put ten drops in a two-drachm vial of alcohol, directed her to take one drop when she felt her headache coming on. One year after she wrote her friend it had cured headache; sent thanks to me.

"I could give many more cases where the pain is over the entire head, or front head, with a feeling as if the temples



would burst or the eyes would burst out of their sockets. I have always used the tincture. I have not noticed any other effect from it; would like to see a proving." ———, M. D.  
—*From the U. S. Medical Investigator, No. 284.*

The mother tincture of *Usnea Barbata* may be had of Boericke and Tafel.

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## RENAL CALCULI.

By DR. TUTHILL MASSY.

YESTERDAY, March 12th, a lady called on me suddenly, asking me, in the most anxious manner, to come at once and see her husband, who was suffering in great agony with a pain in his right side. After asking a few questions, to determine the remedies I should take with me, she left, saying she "could not leave him a minute, as his pulse was very low and feeble."

I was quickly by his side—a gentleman aged forty-eight, complaining of violent pain in the region of the right kidney, which caused a profuse perspiration over the head and face. Pulse 60, but nothing to indicate fainting. I mixed four drops of *Aconite*  $\phi$  in half a tumbler of water, and gave two dessert-spoonfuls thereof, to be repeated occasionally, and ordered a hot sitz bath to be got ready, but as there was a hot bath in the house it was prepared in ten minutes, and gave great relief to the suffering, and made it bearable. After half an hour I gave one grain of the first trituration of *Belladonna*, and left with directions that he should remain in the bath for another half-hour; then to be well dried in hot sheets before getting to bed for an hour or two to rest.

In the evening when I called my patient looked happy, and presented me with the fruits of his labour in the shape of a small brown, nearly black, substance; not larger than turnip seed, with a bright, shining spot on one side, from which the outer layer had been broken off. This, when placed under the microscope, looked a very beautiful crystal, and was the nucleus of our enemy. This was his first attack, but his father was very much troubled with fits of gravel. Our patient attributed this attack to a four-years' residence "on the Continent, where *vin ordinaire* was the usual beverage."

Some ten years ago I had a night-call to a similar case in a gentleman about five years older, a strict *teetotaler*, but he

did not discover any deposit after passing water, yet I believe there was a foreign body in the renal pelvis working its way through the ureter into the bladder. He could not rest in any position for a moment, but kept walking incessantly up and down his bedroom. Had similar medicines, but in the third potencies both tinctures. Had a sitz bath 105° Fahr., and in an hour or thereabouts was quite relieved. Has had no attack since, and enjoys life. He lives regularly, without stimulants; has all fruits in season on his table of the very best, fish, fresh meats, etc.

*Whey*, as an ordinary drink, is enjoyed in such cases. *Koumiss* is also desirable.

18, Powis Road, Brighton.

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### HOMŒOPATHY v. ALLOPATHY.

THE methods of treatment taught in the medical schools of the day, and practised by the bulk of medical men, are roughly classed as Allopathy. That mode of treatment of which the principle of prescribing is that like cures like, the practice of which is to give one medicine at a time, and that in small doses, is called the homœopathic method. This word correctly defines it. The word allopathic does not correctly describe the various plans adopted by those to whom it is usually applied, for it would often be difficult to discern any principle at all as having dictated half the prescriptions that are written. More properly they should be termed non-homœopathic as distinguishing them from the homœopathic.

Which of these plans is preferable—the homœopathic or the non-homœopathic? That, we reply, which will cure most pleasantly, most safely, most speedily, and most surely.

*Which cures most pleasantly?* The mere fact that non-homœopathic treatment cannot be applied without medicines being given in large quantities, and that it often includes painful applications, such as blisters, actual cauteries, and the like; while, on the other hand, Homœopathy cannot be practised except with very much smaller doses than such as are necessary for non-homœopathic remedies, and that all painful applications are needless because as effective and much more pleasant means take their place; the mere fact, we say, that such is the case, assures that Homœopathy is a

much more pleasant method of cure than any which is non-homœopathic.

*Which cures most speedily?* Taking inflammation of the lungs as an instance of severe disease, the late Dr. Henderson, Professor of Pathology in the University of Edinburgh, compared the length of time occupied in recovering from it under allopathic, expectant (that is, giving no medicine at all, but simply nursing and dieting a patient) and homœopathic treatment. He found thirty-five days to be required when bleeding was practised; twenty-eight days when tartar emetic was given; twenty-eight under the expectant method; and eleven under Homœopathy. Neither is it surprising that such should be the result; for the patient treated homœopathically has not to recover from the effects of drugs in addition to those of disease; while small though the doses are, disease is so directly influenced by the remedies used that it is recovered from far more rapidly than when left to itself.

*Which is the safest?* Necessarily that where the least medicine is taken; where there is no risk whatever from drug poisoning.

*Which is the surest to cure?* Obviously that in which the results of treatment show the greatest number of recoveries. In the Hôpital St. Marguerite at Paris, during three years the mortality in M. Tessier's wards was at the rate of 85 per thousand, while that in those of his allopathic colleagues was 110 per thousand. At the town hospital of Roubaix, the late M. Liagre treated his patients allopathically from 1856 to 1862, and his mortality was at the rate of 19·26 per cent. In 1863 he commenced to practise Homœopathy, and his mortality was reduced to 13·70, while in the following year it was 12·97.

In the various epidemics of cholera the mortality under homœopathic treatment has scarcely ever exceeded 25 per cent., while under non-homœopathic plans it has been rarely less than 50 per cent. So too in yellow fever and other epidemic diseases, the mortality, where Homœopathy was adopted, has ever been found to be much less than when non-homœopathic means have been used.

Homœopathy has been practised in every part of the world, and among people in every class of society, for fully eighty years. The results have shown that through its method diseases are more pleasantly, more speedily, more safely, and more surely cured than by others which may be more

generally used. Inquiry—full and exacting inquiry into this method is therefore incumbent upon all, whether patients or physicians. Physicians and surgeons ought to examine the homœopathic method to the end that they may do the greatest amount of good to the sick within their power. While the public should in their own interest ascertain for themselves not merely what medical man, but what method of treatment is most likely to get them well, when ill, most rapidly, most safely, and most surely.

Ample opportunities exist for making such inquiries. The London School of Homœopathy and the London Homœopathic Hospital, together with books and periodicals, furnish medical men with the requisite means for studying Homœopathy; while the educated members of the non-medical public may readily acquire a knowledge of the principles of Homœopathy, and of the results which have arisen from their adoption, from numerous essays and pamphlets which are supplied by homœopathic chemists.

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## LITERATURE.

### THE HUMAN EAR AND ITS DISEASES.<sup>1</sup>

THIS is a big systematic work of 526 pages on diseases of the ear, and we welcome it as filling a gap that existed in our literature. Our author very fitly begins with the anatomy and physiology of the parts before going on to their diagnostic exploration. Then we have a consideration of the diseases of the external ear; the *membrana tympani* comes next, together with its injuries and diseases. And so forth till we reach the mazy labyrinth where we can all agree—in the dark.

By way of preface, Dr. Winslow comes in with the Ciceronic bow:—

“Jam me vobis, judices, indicabo, et de meo quodam amore gloriæ, nimis acri fortasse, verum tamen honesto, vobis confitebor.”

<sup>1</sup> The Human Ear and its Diseases: a Practical Treatise upon the Examination, Recognition, and Treatment of Affections of the Ear and Associate Parts; prepared for the Instruction of Students and the Guidance of Physicians. 138 Illustrations. By W. H. Winslow, M.D., Ph.D., Oculist and Aurist to the Pittsburgh Homœopathic Hospital, etc. New York and Philadelphia: Boericke and Tafel. 1882. London: The Homœopathic Publishing Co., 2, Finsbury Circus.

And yet we later on stumble over the horrible barbarism "*ceruminosis*"! We are sure Cicero would have got the nightmare had he heard it.

Dr. Winslow gives us here a work of very considerable value, more especially from the standpoint of the ear surgeon; it will doubtless at once take its place as a text-book in homœopathic medical colleges and universities. For our individual taste there is too much room given to the mechanical and operative treatment of ear diseases, but most practitioners will like it none the less on this account. We hold the view that the less the diseased ear is *touched* the better; but nevertheless we add this conscientious work to our library of practical works with a sense of satisfaction, and a feeling that we shall time and again pull it down to see what Winslow says anent certain otic points in a given case; therefore our thanks to the author.

### HAHNEMANN AS A MEDICAL PHILOSOPHER.<sup>1</sup>

To this we looked forward with keen interest, but when it was delivered we were just a wee bit disappointed. Perhaps because we expected too much; at least we have what we did not look for. We wanted a masterly handling of the Coethen phase of Homœopathy, but that has yet to come.

Nevertheless, Dr. Hughes's lecture is very essential to a full appreciation of the subject, and it demonstrates its fruitfulness and extent. Another score of *Hahnemannian Lectures* will not exhaust the theme.

There are a few errors that produce an unpleasant effect. Thus, in the footnote on page 5, *père* should be *père*, and *Bailliere* should be *Baillièr*; but these are trivial, and may pass.

On p. 10 Dr. Hughes says, "Hahnemann first called his work 'Organon of the rational medical doctrine (*Heilkunde*),' etc. This rendering is wrong and misleading; the word *Heilkunde* does not mean medical 'doctrine,' but medical 'knowledge' or 'science.' The second part of the word (*kunde*) is from the verb *kennen*, to know, and is very closely allied to our own word 'ken.'"

It is true that *Wissenschaft* usually stands for positive

<sup>1</sup> Hahnemann as a Medical Philosopher—The Organon. Being the Second Hahnemannian Lecture, 1881. By Richard Hughes, L.R.C.P. Ed. London: E. Gould and Son. 1882.

science, but *Kunde* is used as science in contradistinction to art; *Heilkunde* is "medical science," and *Heilkunst* is "medical art."

Doctrine is from *doceo*, I teach, and the German for "doctrine" is *Lehre*, and is derived from *lehren*, to teach.

We tarry to discuss this point because Dr. Hughes's subsequent reasoning hinges upon the meaning of this word *Heilkunde*; for in order that his view regarding the reason of the alteration by Hahnemann of the title of his *Organon*, to be correct, it is necessary that *Kunde* should mean doctrine, which it does not (see p. 11). That Hahnemann could never have called his immortal work the "Organon of the Rational Medical Doctrine" is clearly proved by Dr. Hughes himself, for he says (p. 33), "All other medical systems had been based upon certain doctrines of life and disease: *Hahnemann's method was utterly independent of them.*" How, then, could he call his own exposition of his method the organon of any "doctrine"? He could not in the nature of things, and he did not.

On p. 79 we read "*diathèse herpétique*" in lieu of *diathèse herpétique*; and again, on p. 90, *clientèle* instead of *clientèle*. These errors are, of course, unimportant, but they are very irritating to the reader.

Now we have done with our little fault-findings, and turn to the other side. What is to be held of "Hahnemann as a Medical Philosopher—The Organon"? We hold it to be the best introduction to "The Organon" that one could possibly have to present to an allopathic brother who needs to have some of the roughness of the path smoothed away before he can walk therein.

Barring the few clerical errors which we have pointed out, it is a scholarly, academic dissertation that the School have done well to publish and send out to their subscribers. Oddly enough, and seemingly a direct outgrowth of the learned lecturer's mind, it supplies a want in our literature. It is to Hahnemann's "Organon" what the same author's "Pharmacodynamics" is to Hahnemann's *Materia Medica Pura*—an erudite, a gentle, suave, persuasive inbeckoning of the allopathic outsider to come within the pale and witness its glories. Perhaps no living man could have done it better, just as no one, save Hughes, could have written the "Manual of Pharmacodynamics," which, to an allopathic sceptic, is indeed priceless. Those who attack the writings of Dr. Hughes forget that they are written with a purpose, and

that purpose one of the very highest—to interest unbelievers in the great truths of Homœopathy.

In future we shall recommend inquirers who purpose studying "The Organon" to first read "Hahnemann as a Medical Philosopher," and then to go on to "The Organon," and judge at the bedside of its truth FOR THEMSELVES.

### THE OPHTHALMOSCOPE.<sup>1</sup>

THIS elegant treatise will be found an excellent guide to the use and appreciation of the ophthalmoscope as a means of diagnosis. The various instruments are described more or less fully and *simply*, for which learners will not fail to be grateful. The direct, the indirect, and the lateral methods of examining are very clearly given, and everywhere do we meet with practical hints of great value to the novice.

Of course, ophthalmoscopy cannot be learned from any book, but any one who will take the trouble to master the details of the subject in this volume, and will then diligently practise, first on the healthy and then on the diseased, will find that he is sufficiently well up for the everyday work of a general practitioner. We cordially commend it.

### COMPANION TO THE BRITISH HOMŒOPATHIC PHARMACOPŒIA OF 1876.<sup>2</sup>

THIS little book appears, most inopportunistly, while a new edition of the Pharmacopœia is in the press, and therefore favours the continuance of wrongs which it is the object of a new and revised edition to redress.

In our opinion, the compilation of a companion to a pharmacopœia is a serious matter, inasmuch as it entails great responsibility, not only in the transcription of exact information of an important nature, but also for the correct rendering of any directions which are capable of a wrong interpretation through faulty construction, from which even the most perfect works are not absolutely free, and hence

<sup>1</sup> The Ophthalmoscope: its Theory and Practical Uses. By C. H. Vilas, M.A., M.D., Professor of Diseases of the Eye and Ear in the Hahnemannian Medical College, Chicago. Chicago: Duncan Brothers. 1882. London: The Homœopathic Publishing Co., 2, Finsbury Circus.

<sup>2</sup> Companion to the British Homœopathic Pharmacopœia of 1876, arranged in the form of a dictionary. By Keene and Ashwell. London: Keene and Ashwell.

such a labour should only be undertaken by a member of a committee of publication who has become thoroughly acquainted with the intentions of the compilers.

The facilities of reference which a "companion" offers, owing to its condensed form, are calculated to induce its substitution for the original and authoritative work—a course to be deprecated—and any inaccuracy may be seriously misleading.

We notice two instances of this in the book before us. Under "Attenuations" we have a quotation from the Pharmacopœia of which there is no indication of any ending, while a table of attenuations up to 6x is given, followed by the sentence, "after which the attenuations are usually made on the centesimal scale." Now this is a contradiction of the instructions given in the Pharmacopœia, which state that, "after a careful review of all the arguments in favour of both scales, it has been determined to adopt the *centesimal scale* for prescribing, while the decimal possesses so many advantages in the preparation of the drugs that it should be always followed in the making of the triturations and other attenuations" (p. 28). After giving directions for making decimal attenuations it also adds (p. 29), "and so on up to the highest attenuation required."

Again, under "Spongia Tosta" we find a note that "The tincture 1 in 10 is called 1x, the crude substance representing the  $\phi$  preparation." This is very misleading, and we see no reason why this tincture should be construed to mean the 1x attenuation any more than that of *Aloe*, *Cantharis*, or any other animal or vegetable substance which has not "a definite chemical composition."

The "Companion," however, "is not intended as a substitute for the Homœopathic Pharmacopœia, but a small, useful guide in addition to that work, many new remedies and preparations being introduced that are not official in the Pharmacopœia." Hence, "much information, such as tests, descriptions of plants, etc., given in the 'British Homœopathic Pharmacopœia,' is omitted, on the supposition that the reader already possesses that work," while, on the other hand, the degree of solubility of various drugs in different menstrua is a useful addition to the information conveyed therein.

On the whole, the book will be found valuable in assisting the memory, and it has the advantage of affording ready reference to any particular remedy about which information



is sought; while, on the other hand, the Pharmacopœia should always be consulted in the preparation or selection of drugs.

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## CORRESPONDENCE.

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[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. BERRIDGE ON THE LAW OF SIMILARS.

SIR,—Dr. Berridge is apparently a little disquieted in his mind by my wishing to bring the law of similars “within speaking distance of other laws.” He asks apprehensively, Do I mean other *therapeutic* laws? If so, he demurs; there is only ONE therapeutic law, the law of *similia similibus curantur*—a law “absolute, unvarying, exclusive, all-sufficient.”

I reply, the other laws which I had in my mind were not therapeutic laws, but laws of nature—physical, social, spiritual. I was thinking of the different, discrete degrees under which all natural laws exist, a point of view which is just as much recognised by Herbert Spencer and the Evolutionists as by Swedenborg and the Mystics. Find a *hair of the dog that bit you*, and make that the elemental atom of your antidote. It is a principle of infinite diversity, and it is interesting to trace its various planes of application, and to bring Homœopathy within its scope.

I do not suppose Dr. Berridge and I are likely to disagree as to the scope of the homœopathic law. So far as medicinal agents are concerned its supremacy is complete. But I cannot find room for the speculative principle that there is but ONE therapeutic law, “absolute, exclusive, all-sufficient.” Who told him this? Disease is cured by mesmerism, galvanism, movements, hydropathy—by change of diet, air, or occupation, and by revolution of personal habits. I can conceive of a curative treatment that is purely physiological, depending on a knowledge and application of the laws of life and health. Certainly the physiological method is discredited, but it is not, I think, disproved, and I look upon all claims of exclusive legitimacy as rash and compromising. I cannot see the application of the homœopathic law in the

methods of treatment I have referred to, and I think it safer to speak of Homœopathy as the one law of drug-cure, without assuming that other laws of cure may not exist and find their basis in physiology, chemistry, biology, hygiene, or even in spiritual facts. The law of similars excludes the law of contraries, which is a law more or less confusedly avowed by Dr. Kidd and the allopaths. This method of using drugs is evidently absolutely wrong and fruitless. But the grip of disease may be loosened by methods which, while they do not conflict with Homœopathy, are certainly not identical with it.

Yours, etc.,

R. M. THEOBALD.

#### DR. NEVILLE WOOD ON VACCINATION.

SIR,—The figures quoted by Mr. W. G. Ward from the Registrar-General's reports do not necessarily prove the uselessness of vaccination. They attest a well-known fact, that small-pox (like scarlet fever, cholera, and many other maladies) is subject to violent outbreaks in certain years and periods of years.

But, with Mr. Ward, doctors who advocate vaccination are "medical impostors" who "cook their statistics," and Mr. Ward tells a writer that if he is not "careful in his remarks, the public may think his word is not trustworthy."

It can serve no useful purpose to continue a discussion with an antagonist who mistakes denunciation for argument.

Yours truly,

NEVILLE WOOD, M.D.

Onslow Square, March 2, 1882.

[It is to be remembered that the feelings of the anti-vaccinators are highly wrought, and, therefore, some allowance must be made for their strong language. Justifiable, of course, it is not, and we deprecate it very much. Then why insert it? Because we wish to give liberty to our correspondents.—ED. H. W.]

#### SYPHILIS COMMUNICATED BY VACCINATION.

SIR,—As the much-vexed question of vaccination is being discussed in your columns, permit me to call your attention to the enclosed, cut from the *American Homœopath*:—

"VACCINAL SYPHILIS.—A letter to *La France Médicale* says

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that the Algerian journals are full of the most lamentable details regarding the numerous cases of syphilis which have appeared in the garrison of Algiers, following a public vaccination made on certain Algerian soldiers. It is said that fifty-eight young men have contracted syphilis by being vaccinated with lymph given by a syphilitic infant. The medical journals are as yet silent on the subject."

Yours truly,  
M.R.C.S.

### QUI S'EXCUSE, S'ACCUSE.

DEAR SIR,—Dr. T. F. Allen states in your March number that he "*purposely* omitted" Lembke's proving of *Carduus Mariae*. I was aware that he had omitted the provings of the so-called *Imponderabilia*, including Hahnemann's own provings of *Magnetism*, and also Dr. Swan's provings of the *Lacs*; but this was done openly, and a note to that effect inserted at the end of the last volume, so that none could be deceived. But here we find Dr. Allen "*purposely*" and surreptitiously omitting a proving which, though fragmentary, contains at least one symptom of value, which Hering has seen proper to incorporate in his "*Guiding Symptoms*." I wonder how many more provings Dr. Allen has "*purposely*" omitted. And I would take this opportunity of asking him why, after it was pointed out to him that proving 14 of *Iodum* really belonged to *Indium*, no public rectification of this awful blunder was made by him in the Supplement to his *Encyclopedia*. I should like to know whether any other provings have been placed under the wrong medicines!

Yours obediently,  
MEDICUS.

### DR. SKINNER'S POLEMICS.

SIR,—I was surprised to find in your February number a very bitter, and, it seemed to me, unprovoked attack upon me by Dr. Skinner. The only provocation alleged is contained in the paper I sent to you in January, and the counts of his indictment are two: 1st. I attacked him. 2nd. I sent my cases to you instead of sending them to him.

The attack I deny. I replied to him in a tone of kindly appreciation, acknowledging his earnestness and skill, and

his special merit in introducing *Melitagrinum*. If there was any attack it consisted in a qualifying clause of exactly three words—*refrain from polemics*, and for this I am in my turn to be punished. You will, however, observe the singular disproportion between the offence given and the vengeance taken. For this very mild remonstrance Dr. Skinner thinks himself entitled to violate the secrets of private correspondence, and hold me up to contempt before your readers.

He says that "an unpleasant epistolary correspondence sprang up between us," and that to protect himself from my unpleasantness he was obliged summarily to close the correspondence, and threaten to return unopened any letters I might send. Now whatever may be the import of this little incident, I maintain that it is ungentlemanly and indecorous in the last degree to use it in this way: no good end can be answered by this sort of controversy; the only object he can have must be to wound and annoy me; it can do no good to me, to your readers, or to Homœopathy. It is simply discreditable to the person who stoops to such weapons. Because Dr. Skinner is too much addicted to this kind of warfare, the spanking, stinging kind, undignified, ungenerous, and in a serious degree immoral, I counselled him to "refrain from polemics," and his reply proves that I was right. This moral is evident, whatever might be the nature of the little episode which he drags to light. But I must take very grave exception to the colouring he puts upon it. It is true that Dr. Skinner did perpetrate the delicate bit of civility which he describes, but I deny that it arose from any "unpleasantness" in our correspondence. This was not the reason alleged in his last letter; our correspondence had been quite friendly till I sent him a little card, drawn up for the information and guidance of patients. The words in this card which provoked Dr. Skinner's wrath were these:—

"The homœopathic method is the only guide in the selection of curative drugs. But in accessory treatment the homœopathic doctor is entitled to avail himself of all healing palliative measures that can be suggested by physiology, biology, chemistry, hygienic science, or any other branch of human knowledge."

This, and this only, is the "unpleasantness" which brought upon me Dr. Skinner's vengeance. If he thought I was wrong he might have tried argument and remonstrance before denouncing me as "a dangerous mongrel" (this is the language he used) and excommunicating me for ever from his friendly and professional recognition. Now I ask, would

any one suppose from Dr. Skinner's account that the case really stood thus?

The second count of his indictment is almost answered by a simple exposition of the first. He surely could not expect me to send him my cases after he had spurned me as "a dangerous mongrel," and forbidden me ever to address him again. Whatever obligations I might have allowed when he sent me *Melitagrinum* were obviously cancelled by the rupture between us which he describes, whatever the merits of the case may be. But to the best of my belief no such engagement was ever suggested. When I asked him for a specimen of *Melitagrinum* I wanted it for a patient of Dr. Berridge's, whom I was treating while the doctor was in America, who had had the medicine, and required more; and I applied, not for my own sake, but as Dr. Berridge's *locum tenens*. It is true Dr. Skinner "presented it to me gratuitously," to use his own affluent expression, but I cannot say that I accepted the gift as "a very great favour conferred" upon me. The notion is too absurd. If a brother homœopath sends me a few granules of a new medicine I do not look upon it as "a very great favour," by which he binds me to him "till death us do part."

Let me add that I have no wish to be at strife with Dr. Skinner or any of his school. I consider myself to belong rather to his camp than to any other in the homœopathic field. And it is no fault of mine that I am obliged to vindicate my character, which he undoubtedly assails in a style which must necessarily reflect upon him. I asked him to allow me to submit my corrections of his misrepresentations to him so that they might appear under his sanction, with as little personal colouring as possible; but his only reply is virtually "I don't want to have anything to do with you." What am I to do with such an implacable brother? I am really more sorry for him than angry, and wish I could persuade him still to discontinue the wrangling tone which damages nearly everything that comes from his pen, and refrain from polemics.

R. M. THEOBALD.

30, Finsbury Pavement.

[This question having no general interest, cannot be further discussed in our pages.—Ed. H. W.]

## DR. BURNETT AND THE L.H.

DR. BURNETT has addressed the following note to Dr. Bayes:—

2, Finsbury Circus, London, E.C  
March 22nd, 1882.

Dear Dr. Bayes,—As I do not approve of your way of establishing (*demolishing*?) the L.H. in the fly-leaf which you have just published under the title of "Homœopathic Medical Progress," I feel it incumbent upon me to withdraw entirely from the whole scheme. Please, therefore, erase my name from the list of examiners for the L.H., and consider my own application for the L.H. as hereby withdrawn. Until I read this first number of your journal I had hopes of the ultimate success of the new departure, but now I can only say, *Quem deus vult perdere prius dementat*.

Sorrowfully yours,  
J. C. BURNETT.

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## REPORTS OF INSTITUTIONS.

### THE BATH HOMŒOPATHIC HOSPITAL.

#### *Annual Meeting.*

THE annual meeting of the subscribers and friends of the Bath Homœopathic Hospital was held in the board room of the hospital, on Thursday, January 26th, 1882.

The Rev. J. H. Way was in the chair, and there were present besides, Rev. G. W. Newnham, Rev. H. Tarrant, Mr. and Mrs. Jeeves, Dr. Madden, Mr. G. Norman, Mr. Capper, and Mr. Cadbury.

The chairman, in opening the proceedings, referred to the valuable work done in this country by institutions conducted on homœopathic principles, such as the London Homœopathic Hospital, the Birmingham Homœopathic Hospital, and the large dispensaries at Liverpool and Manchester, and although the Bath Hospital was on a smaller scale than these, he was glad to find that the work was increasing every year. He felt, however, that much remained to be done, and he hoped that the usefulness of the hospital might be much more widely extended.

A belief in the superior efficacy of Homœopathy was spreading amongst the industrial classes, as they found the patients got well quicker, and were thus able to go to work

again sooner, under this method of treatment than under any other. He also referred to the great spread of the homœopathic system in America.

Mr. Norman then read the report, and in the absence of the treasurer (Mr. Cruickshank) from illness, he also read the statement of accounts.

The Rev. G. W. Newnham moved that the report and statement of accounts be adopted. He was glad to hear that such satisfactory progress was being made.

Mr. Jeeves seconded, and the motion was supported by the Rev. H. Tarrant and Mr. Capper. All the speakers expressed themselves satisfied with the progress that had been made, and looked forward with hopefulness to the operations of the institution being extended to larger numbers.

The chairman read a letter from the Rev. N. Nürnberg resigning his post as a member of the committee, as he found it difficult to attend the meetings. Regret was expressed at the resignation of Rev. N. Nürnberg, and Mr. Capper then proposed that the name of Dr. Madden be added to the committee, remarking that Dr. Madden was well known in the homœopathic world from his literary and professional attainments, and would prove a valuable acquisition to the committee. This was unanimously agreed to, and the chairman then announced the names of the committee for the present year—viz., Revs. G. W. Newnham, J. H. Way, H. Tarrant, and J. C. Hort, Drs. Newman, Morgan, Holland, and Madden, Messrs. G. Cruickshank, T. Jeeves, and G. Norman.

The Rev. H. Tarrant then proposed a vote of thanks to the honorary medical officers, Mr. Norman and Dr. Holland, and to the treasurer, Mr. Cruickshank, for their services during the past year, which Rev. G. W. Newnham said he had much pleasure in seconding. Mr. Norman said that a vote of thanks was due to Mr. Cadbury for his zeal in obtaining new subscriptions, also for his invaluable help during the bazaar. Mr. Jeeves then moved a vote of thanks to the chairman, who for many years had attended their committee meetings, and was always ready to take the chair when called upon. This was unanimously agreed to, and the meeting came to a close.

#### *Report for 1881.*

The committee of the Bath Homœopathic Hospital inform us that a very successful year's work has been done at their

institution. During the thirty-two years that the hospital has been established, the yearly average of patients has been steadily, though sometimes very slowly, increasing, but during the last three or four years the increase has been very noticeable, and especially so during the year 1881. There have been fifty-four patients resident in the hospital, as compared with forty-six in 1880, and the out-patient attendances have been 3,591, with 754 new cases, as compared with 3,300 and 600 new cases in 1880.

Of the in-patients, twelve were men, thirty-eight women, and four children, and the principal diseases treated have been anæmia, chlorosis, carbuncle, rheumatism, general debility, erysipelas, enteric fever, epilepsy, hysteria, nervous debility, iritis, rhinorrhœa, tonsillitis, diphtheria, bronchitis, bronchitic asthma, pneumonia, pneumonic phthisis, tubercular phthisis, mesenteric disease, congestion of liver, atrophy of liver, pelvic congestion, phlebitis, aneurism, diseased hip-joint, diseased wrist-joint, concussion of spine, fractured ribs, burns of face, erythema nodosum, muscular atrophy. The majority of the patients received permanent benefit, but one died in the hospital from consumption of the bowels.

The system of free admission by subscribers' ticket is decidedly successful, no less than thirty-eight of the in-patients availing themselves of this method of admission. Of the sixteen paying patients, three had the use of the private wards, at one guinea a week; the others were admitted into the general wards on payment of eight shillings a week.

With regard to the latter charge, the committee purpose that in future it should be raised to nine shillings a week. The amount allowed to the matron for the diet alone of each patient is nine shillings a week, so that under present arrangements the hospital is put to a direct loss of one shilling a week on each paying patient, exclusive of the indirect loss under the head of general expenses. This proposed change, while not pressing too heavily on the patients, will be of considerable relief to the hospital funds.

The bazaar and fine art exhibition held at the Assembly Rooms in November, was successful in bringing the hospital under the notice of the public, although the net receipts were not large owing to the heavy expenses incurred. The receipts were, however, supplemented by several donations to the hospital, arising directly and indirectly out of the interest created by the bazaar, and the total benefit to the hospital



from both sources may be set down at about £75. It is proposed to hold a supplementary sale of work at the hospital in the spring, of which due notice will be given.

It has been stated that a considerable increase has taken place in the number of out-patients; the payment made by those who prefer to pay once a month instead of obtaining free tickets being £48 for the year, nearly £10 more than in 1880. But the committee feel that the full amount of usefulness will not be attained by the hospital until it can be thrown open every morning to out-patients, and until arrangements can be made for visiting the sick poor in their own homes. This would require the services of a resident medical officer, and therefore a much larger income than the hospital at present possesses, but the committee feel unless the want is made known it will never be supplied. They take the opportunity of laying the matter before the subscribers in the report, as it is a point of great importance to the hospital.

Many presents were received during the year.

It gives us great pleasure to present our readers with this report. The allopathic journals may copy it, so as to prove that they speak truthfully when they tell the world that Homœopathy is dying out.

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## HASTINGS AND ST. LEONARDS HOMŒOPATHIC INSTITUTION—SPEECH BY DR. POPE.

THE annual meeting of the Hastings and St. Leonards Homœopathic Institution was held in the Lecture Hall, Wellington Square, a fortnight since, when the chair was occupied by the Rev. G. G. Gardiner, and there was a good attendance, amongst those present being—the Rev. W. Barker, the Rev. C. R. Howell, Dr. Pope (London), Dr. Croucher, J.P., Mr. C. Knox-Shaw, Mr. Mason, Mr. Baynes, Mr. Pemberton-Carter, Mr. G. F. Griffin (Treasurer), Mr. G. Osborn (Secretary), etc.

The Chairman, in opening the meeting, said it was hoped and believed that Mr. H. C. Richards would have presided at the meeting, but that gentleman had been called away to a distance, and as the gathering seemed to be without a chairman, his friends present had urged him to occupy that position. He did not know why he should be in the chair, except for the fact that for upwards of thirty years he had adopted and followed out the homœopathic system of medicine.

He thought Homœopathy was an illustration of the great maxim, *magna est veritas et prævalebit*—truth is great and will prevail, and that, too, notwithstanding all the ridicule with which it had been unmercifully assailed. He could remember in former days, when he was comparatively young, having to perform the very unpleasant mission of compelling his children to take the medicine given them by allopathic doctors. Now it was not a pleasant mission for a father to have to make a child drink off a large wine-glass of senna and salts. Then at that time there was frequent administration of calomel and other noxious, as he believed them to be, drugs. He escaped all those when he adopted Homœopathy. They were often told that Homœopathy was all very well, but it would not do in serious illnesses, such as acute and chronic cases. He had seen cases of cholera, small-pox, erysipelas, fevers, and many other disorders, all of which had terminated successfully under homœopathic treatment. Of course Allopathy had its great men—it had its Jenner, its Harvey; and Homœopathy had its Hahnemann, who everywhere enjoyed as high a reputation as all the others did. He was old enough to remember when Jenner was burnt in effigy, and suffered other indignities at the hands of the public, because of the introduction of vaccination. Now, he thought that vaccination was the very essence of Homœopathy. He heard the other day a young man ask, in the form of a conundrum, "What nation in the world had conferred the greatest benefit on mankind?" and the answer was, Vaccination. Of Homœopathy it was his opinion, that at no very distant date, when asked what system was most likely to prolong health and life, under the blessing of God, the answer would be Homœopathy.

The Secretary then read the report and balance-sheet.

The Chairman then called on Dr. Pope, of London, who had kindly accepted the invitation of the committee at some personal inconvenience to visit them on that occasion to move a resolution. In doing so he said it gave him very great pleasure to be present that afternoon to congratulate them, as he was sure he had good reason to do, on the very flourishing state of the institution, the report of which had just been read. That they should have had in the course of the year an increase of 35 per cent. over the number of patients admitted during the previous year was an abundant evidence that such an institution as theirs was needed in the town, and that, being here, it was doing an excellent, a use-

ful, and very charitable work. Of all institutions there were none, he thought, the work of which exceeded in importance that of their hospitals and dispensaries. This was proved when they considered what the aim contemplated by those institutions was: it was to give skilled assistance to those who, being sick or maimed, were not able to procure that assistance for themselves. Then, in the second place, the persons who were thus situated were those to whom health was not a mere matter of ease and comfort, but a matter of actual livelihood. Without health the labourer, or the mechanic, or the artisan, could not procure the mere necessities of life for himself or those dependent upon him; and it was for the benefit of such people that these institutions stepped in in the hour of need, and offered them that skilled assistance which, in the shortest possible time, was calculated to bring them once more within the range of earning their own living. Hence the importance of such institutions could not be overrated, and, as he had said, the report read proved that the work performed by their institution was highly appreciated by those for whom it existed. But their institution was something more than a mere dispensary; it was a homœopathic dispensary; that was to say, it was a dispensary at which the medical treatment of the patients was based upon that method known as Homœopathy, a method which had been unmercifully ridiculed by those who knew nothing at all about it, but a method most enthusiastically applauded by those who had, at one time or another, been ill, and had derived from it the advantages it was so well calculated to supply. Hence their institution had a distinctive name—it was the Hastings and St. Leonards Homœopathic Dispensary. Homœopathy, they believed, was a truth, but it was scouted, without inquiry or investigation, by the large majority of medical men. Its discussion in medical journals was refused, its discussion in medical societies was prevented, and any physician who should openly practise Homœopathy at a general hospital in this country would ensure his dismissal in a very short period of time. There was thus a large organisation existing to obscure this truth, to hinder its being talked about or inquired into, and hence it was incumbent upon all who believed in it to give to it all prominence. Homœopathy was a life-saving and illness-shortening truth, and it was because it was so that there should be such dispensaries as that one. That it was life-saving and illness-shortening was proved by those who had had any

experience of it, and the evidence that it was both was simply overwhelming. Take the history of the cholera epidemics during the years 1848, 1849, 1854, and 1855; the mortality under the ordinary treatment was rarely below and generally above 50 per cent., whereas during the same period the mortality among those under homœopathic treatment very rarely exceeded, and was frequently below, 25 per cent. The same evidence came to them from the Southern States of America with regard to the yellow fever. Then, again, with regard to the illness-shortening power of Homœopathy. In the year 1849 he believed Mons. Tessier was a physician in one of the Parisian hospitals. He had 100 beds under his care, and treated his patients homœopathically, whilst there were two practitioners of the allopathic school, who had each ninety-nine beds under their care. During the first three years the mortality amongst the patients under his care was  $2\frac{1}{2}$  per cent. less than amongst the patients under that of his colleagues; and, with regard to the illness-shortening power of Homœopathy, although he had but one more bed than the other two, he was enabled, during these three years, to receive 939 more patients into his 100 beds than they were into their ninety-nine. This fact was simply incapable of being accounted for on any other grounds than that to which he had referred. Then, again, another instance. From 1856 to 1862 M. Liagre, of Roubaix, in the hospital of that town, practised the ordinary methods of the profession, but in 1862 he changed his method to that of Homœopathy, and the result was that in the first year the mortality, which had been on an average of 19 per cent., was reduced to something over 13 per cent., and he was able to introduce into his beds a much larger number of patients than hitherto. Now these and a host of similar facts had attracted the attention of that very 'cute commercial people the inhabitants of New York. They had seen that Homœopathy was a life-saving and illness-shortening fact, and that had led to the establishment of an insurance company, the rule of which was that those persons who insured, and were willing to pledge themselves to adopt homœopathic treatment when ill, were allowed 10 per cent. discount from their premiums. That institution had been in existence for fifteen years, and when he was in New York three or four years ago the president told him that, of all the insurance companies established in the same year, that was the only one that had not gone into bankruptcy, and the

last report of the superintendent of insurance companies said that the mortality in that company was less than half that of any other. He thought such facts as those—facts which were indisputable and overwhelming—demanded the just and strict inquiry of every member of the medical profession of the country. It was simply inexcusable if they refused to test the validity of those facts. It was simply inexcusable in the light that they were calculated to give rise to the use of methods better adapted to save life than those at present in use. He had heard of a great many medical men who had read of Homœopathy, but had not seen it to their advantage to put it into practice, but he had never heard of one who had watched Homœopathy put into practice who had not believed it to be the better system. But the facts of Homœopathy were frequently of such a character that if they were to read them in the light of an experience based on allopathic treatment it rendered them almost, if not entirely, incredible. Such being the case, it was of the utmost importance that institutions should exist where that method was made as prominent as possible. For that purpose public hospitals were of all institutions the most useful, and so long as Homœopathy was excluded from the general hospitals of this country, and from the general dispensaries, so long must special institutions adapted for this purpose exist amongst them. He did not doubt that in time Homœopathy would be practised in the general hospitals in this country just as it was in the principal hospital in Pesth, and in that large hospital in Chicago—viz., the Cook County Hospital, where half the medical men were homœopaths. The same result, he believed, would occur in Boston, where a proposal was on foot that half of the medical staff of the Boston Hospital should be taken from among Homœopathic physicians of that city. Now such a method with such a history as that, a method capable of showing such results as these, could not be set aside; it could not be put down as a mere trifling with disease. It demanded the attention and inquiry of all medical men, and of all those who were interested in getting free of sickness; and such institutions as theirs were, he thought, of all others, best calculated to attract this attention, and demand of the medical men that they should give it a strict inquiry, which it was right they should. Their institution was established some years ago by two medical men in Hastings as two separate dispensaries. It had now emerged from a state of infancy and got into that of manhood,

and was now a public institution, and as such was entitled to its full share of the contributions of the public, and he was very glad to hear they were going to share in the proceeds of the fund which was collected there once a year on Hospital Sunday. He hoped all those who lived in the town and took an interest in Homœopathy would meet together and see if it were not possible for a small and gradually increasing hospital to be set on foot in the town, where they might have an opportunity of treating acute diseases under favourable circumstances, and of receiving cases of accident and injury. This, he might remind them, had been done in a town not far from here. Fifteen years ago a private dispensary was commenced in Bournemouth. That had now grown to be a hospital, and a hospital of a most useful kind, and one which he was glad to know was doing a very useful and excellent work. He thought he need not detain them any longer, but conclude by congratulating them on the excellent work their dispensary had done, and he hoped they would have results increasingly favourable to report on a future occasion, and that ere very long their dispensary might give birth to a hospital.

Mr. Harvey seconded, and the motion was carried unanimously.

The Rev. W. Barker then moved a vote of thanks to the medical officers, Dr. Croucher and Mr. Knox Shaw, for their courteous services during the past year. Amongst the many excellent remarks they had just listened to there fell this one—that this system of medicine was by no means a quackery. It certainly was not in Hastings, for the two medical men connected with it had received an education in both systems, but had selected in their judgment, which was well informed he believed, to practise the homœopathic system. No arguments were necessary, after what they had just heard, in favour of Homœopathy, except that he might say it had been the best friend to him and his family that they had ever had. It had been their good fortune whilst in Hastings to fall in with Dr. Croucher, and receive much kindness from him, and at the same time most skilful attention, not in ordinary cases only, but also in critical cases; and they felt they should be ready at any future time, should an illness come upon them, to risk anything to that system. He had studied the matter a little himself, and had for years kept a medicine chest, and sometimes it had proved altogether unnecessary to call in even so excel-

lent and kind a medical gentleman as Dr. Croucher, but he had in emergencies been glad to call in his help. Mr. Barker then went on to refer to the erroneous opinion that seemed to have gained so much ground—viz., that the matter of the infinitesimal doses was the main principle of Homœopathy. He refuted that idea, and said that the main principle of Homœopathy was “that like cures like.” He desired most heartily to move that a vote of thanks be given to their medical gentlemen.

Mr. Griffin, in seconding, said he thought there remained very little for him to say, but knowing both medical men intimately, and also being treasurer of the institution, perhaps he had more to do with them than any one else. He knew that they were well deserving of the best thanks of the supporters of the institution. Of course they could not do anything without their medical men. A committee, a secretary, and a treasurer were all very well, but they could not keep up the institution without the medical men. He begged to second the vote of thanks.

The motion was then put and carried by acclamation.

Dr. Croucher said he could only thank them very heartily for the very kind expression of opinion that had just fallen from them. He could assure them that it gave him very great pleasure to fulfil the duties of medical officer to that institution, and he only trusted that at any future meeting he might receive the same vote of thanks and confidence. It was a real gratification to find that the patients under his charge expressed their grateful acknowledgments, which fully compensated for any time spent in investigating their various cases.

Mr. Knox Shaw also thanked the company in a few remarks.

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## PROGRAMME OF THE SOCIÉTÉ FRANÇAISE D'HYGIÈNE.

### COMPETITIONS FOR 1882.

I. *Hygiene and physical education of children from six to twelve years old.* Home life, school life, country life, and life in the workshop, to be discussed separately.

II. *Personal and domestic cleanliness.* A study of personal and domestic cleanliness of rich and poor of both sexes and all ages in town and country.

*General rules applying to both competitions:—*

1. The essays not to exceed thirty to forty pages of printed matter in 12mo.
2. The essays to be sent, distinguished only by a motto, to the office of the society, 30, Rue du Dragon, before September 1st, 1882. (Candidates who make themselves known in any way will be excluded from the competition.)
3. The successful essays become the property of the society, and will be published either *in extenso* or in an abridged form; the names of all successful competitors to be on the title-page of the published pamphlet, which will be largely circulated.

The above are two distinct competitions, in each of which a gold, silver, and two bronze medals are offered.

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SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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DR. PARK LEWIS, BUFFALO.—The "Transactions," which we specially wish to see, have not reached us.

DR. EDWARD BLAKE, LONDON.—Your concluding paper (on *Domestic Hygiene. IV. How to Disinfect a House, with an Appendix, On Smoke Abatement and Pest Destruction*) is marked for insertion in our next issue.

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CORRESPONDENTS.

Communications received from Dr. Hastings, Ryde, Isle

of Wight; John M. Wyborn, Esq., London; Frederick Ross, Esq., London; Dr. Reginald Jones, Birkenhead; Dr. Theobald, London; Dr. Edward Blake, London; Dr. Sircar, Calcutta; Dr. Roth, London; Dr. Clifton, Northampton; Alan E. Chambré, Esq., London Homœopathic Hospital; Dr. Berridge, London; Dr. Bayes, Brighton; Dr. Midgley Cash, Torquay; Dr. Guinness, Oxford; Dr. Hayward, Liverpool; Dr. Neville Wood, London; Dr. Stanley Wilde, Nottingham; Dr. Norman, Bath; Dr. Pope, London; Dr. Croucher, J.P., St. Leonards; Geo. Norman, Esq., M.R.C.S., Bath; Dr. Tuthill Massy, Brighton.

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BOOKS AND JOURNALS  
RECEIVED.

Allgemeine Homœopathische Zeitung, Bd. 104, Num. 7, 8, 9, 10.

The North Devon Journal. Barnstaple, February 23, 1882.  
Medical Tribune, Feb., 1882.



L'Homœopathie Militante, Troisième Année, No. 10.

American Observer, February, 1882.

New England Medical Gazette, Jan. and Feb., 1882.

The American Homœopath, February, 1882.

United States Medical Investigator, January 1 and 15, and February 1, 1882.

The Weekly Medical Counsellor, Feb. 1, 8, and 15, 1882.

Monthly Homœopathic Review, March, 1882.

Dietetic Reformer; March, 1882.

The Study of Trance, Muscle-Reading, and Allied Nervous Phenomena in Europe and America. By Geo. M. Beard, A.M., M.D. New York, 1882.

The Human Ear and its Diseases : a Practical Treatise. By W. H. Winslow, M.D., Ph.D. Boericke and Tafel, New York and Philadelphia, 1882.

The Brighton Gazette, Mar. 11, 1882.

The Hahnemannian Monthly, February, 1882.

The American Homœopath, March, 1882.

The Chemist and Druggist, March 15, 1882.

The Homœopathic Physician, February and March, 1882.

Bibliothèque Homœopathique, No. 6.

The Medical Advance, Feb., 1882.

The Therapeutic Gazette, January and February, 1882.

Journal of Medicine and Dosimetric Therapeutics, Feb. and March, 1882.

The Clinique, Feb. 15, 1882.

Annals of the British Homœopathic Society, Feb., 1882.

Boletín Clínico del Instituto Homeopático de Madrid, Año 1, 15 de Noviembre, 1881.

Report of the Liverpool Homœopathic Dispensaries, Jan., 1882.

North American Journal of Homœopathy, February, 1882.

The Dublin Journal of Medical Science, Jan. and Feb., 1882.

Gastein : its Springs and Climate. By Gustavus Proell, M.D. Third Edition.

The Calcutta Journal of Medicine, No. 1, January, 1882.

Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure. By Dr. Roth. London : Baillière, Tyndall, and Co., 1882.

## The Homœopathic World.

### CONTENTS OF MARCH NUMBER.

#### LEADING AND GENERAL ARTICLES :—

##### The Two Flags.

Notes on Carduus Maris.

On a Rare Case of Cardiac Murmur.

A Case of Profound Deafness in a Child.

Testimonial to Dr. Hugh Hastings.

Clinical Lectures on Diseases of the Heart.

Domestic Hygiene.

A Few Thoughts on Nosodes.

Clinical Lectures in the London School of Homœopathy.

London Homœopathic Hospital.

#### OBITUARY :—

Edward Cronin, M.D.

#### LITERATURE :—

Insanity and its Treatment.

Dress : its Sanitary Aspect.

Chronic Sore Throat.

#### CORRESPONDENCE :—

Dr. Harmar Smith on the Resurrection of the Material Body.

Typhoid and Baptisia.

The Curse of Vaccination.

Dr. Guinness's Reminiscences of Homœopathic Dispensaries.

#### REPORTS OF INSTITUTIONS :—

Nottinghamshire Homœopathic Institution.

Oxford Homœopathic Dispensary.

A Suggestion by Dr. —.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

MAY 1, 1882.

## HOMŒOPATHIC MEDICAL PROGRESS.

It is not often that anything like unanimity can be attained in regard to any question, and homœopathic practitioners do not exactly agree as to what constitutes homœopathic medical progress. Some mistake fussy festination for progress, and seem to think it consists in raising burning questions, in eternally beating a big drum outside of our decent homœopathic house like a penny showman, and in sending silly fly-sheets to the faithful through the post, ostensibly to stir them up to doughty deeds of valour, but in reality to carry pet projects, and to throw dirt upon such as differ, or upon such as decline to be dragged in the mire or to cringe at the nod of autocratic fussiness and overweening conceit. These may mean well enough, and are really harmless creatures, capable of doing useful political work, but they commonly lack in stability, never knowing when they should leave off parading to set to real work. They are born agitators, and must have a noisy turmoil, or they think the world is asleep and nothing is being done; they mistake noise for work. When thwarted they stick at nothing to belittle others, if only they can make out a case against a given jibber, who perhaps declined to be driven into dangerous by-paths. But we will pass these noisy lovers of notoriety by, and dwell rather on the *real* workers, who are silently, may be, bringing each man his brick to the up-building of our beneficent system of healing the sick. There is dignity in real work, and enthusiastic workers most frequently toil silently, and present their finished tasks perhaps even without any one having suspected that they had been at work at all.

We do not object to well-timed and needful agitation, or to any amount of noise when necessary sledge-hammer work has to be done, but we set our face against mere noise

and the belittling of honourable colleagues who differ on matters of policy.

The clinicians in our ranks do very important work ; some have objected that Hahnemann published no cases worth mentioning, and affirm that therefore his followers need not. But Hahnemann was working at the foundation on which the homœopathic clinician now builds his therapeutic superstructure, and he publishes his results so that those who are on less good ground may know where and how to build ; he may be proud of his work—so are all good workers.

The teachers at our schools and colleges in various parts of the world are performing work of a very high order ; *they are moulding the future of medicine* : as they teach, so will our children be treated.

Our book-writers, journalists, and *littérateurs* are doing useful work, and extending our borders by day and by night. Even the humblest author of a domestic book deserves all honour, for he helps in the progress of homœopathic medicine ; and he who only publishes one good case cured homœopathically has done something worth doing. Those who work at the more strictly scientific part of Homœopathy (and all honour to them) are apt to curl the lip scornfully at this more humble work, forgetting that hewers of wood and drawers of water are needful in the world's economy.

It would be difficult to say who does most towards homœopathic medical progress ; it is enough that each does his allotted task according to his abilities. We are happy in the thought that Homœopathy is progressing, and that no one of us is at all necessary for its continuance. We occasionally hear the croak, "Homœopathy is going to the dogs," because some given plan has fallen through. Generations may come and go, but Homœopathy remains a revealed law of healing for the perennial benefit of mankind, our pessimists to the contrary notwithstanding. We call attention to our Reports of Dispensaries farther on, notably to those of Liverpool, whereof we have very pleasant reminiscences, and to whose older medical officers we are under debts of gratitude for instruction in Homœopathy in times past.

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## PHARMACOLOGICAL FRAGMENTS.

### Menyanthes Trifoliata.

In my opinion this is one of those third-rate remedies that uselessly augment our *Materia Medica Pura*, a mere burden to our memories. Teste relates that he found it useful in amaurosis, but esteems it but lightly. L.R.C.P.

This remedy, though but little used, has nevertheless interesting medicinal virtues.

In olden times it was much esteemed in ague (it grows in very wet places), and hence the German common name for it is *Fieberklee*, which means *fever clover*.

It used to be called *Trifolium fibrinum*, and those who refer to older literature must seek it under that name. It was called *Trifolium* because of its *three leaflets*. The older generic name has given its present specific name, or at least the same fact of its three leaflets.

*Menyanthes* is derived from *μην*, the *moon* or the *month*, and *ανθος*, a *flower*—that is, *the flower which brings on the menses*.

Whether it has really emmenagogue properties I do not know, but its pathogenesis clearly points to the spinal region as its principal seat of action.

A very interesting clinical case illustrating this was translated by me, and published in the *Homoeopathic World* a few months since, and I can bring forward the following from my own practice:—

Mr. X., æt. forty-nine, came under my observation in April, 1880, with a number of symptoms and ailments. The point in his long case, covering several folio pages, which I wish to bring out is this. He had what he called the “twitches.” These twitchings were jumpings (jactitations) of his legs and arms, so painful that he used sometimes to be sick with them. They were worse in the north-east winds, and he had had them nine years.

In the pathogenesis one reads:—

1. Muscular twitches in the right upper arm.
2. Twitching of the muscles of the left thigh.
3. Four spasmodic startings in the outstretched right thigh, etc.
4. Jerking stitches, and the like.

Patient took *Menyanthes trif*, 3x, five drops in water twice a day.

Fourteen months elapsed before I saw Mr. X. again, and I then learned that the *Menyanthes* so nearly cured his jerkings that he had considered himself practically well, but latterly he had been disturbed by them again. I gave him the same prescription, and he has not returned.

J. C. BURNETT, M.D., London.

For our next number we name *Rhododendron*.

We beg to request that any of our contributors who may be able to afford some useful experience in regard to any given drug will write its name on a card and send it to us. This we do because we have difficulty in knowing what to suggest as the most likely to elicit instructive replies, *Menyanthes* to wit.

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## CLINICAL LECTURES ON DISEASES OF THE HEART.

By JOHN H. CLARKE, M.D.,

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### LECTURE III.—HEART-FAILURE.

Heart-failure a clinical term—Corresponding heart-lesions various—A case.

SOONER or later in almost all cases of chronic heart disease, where life has not been terminated by some concurrent malady, there comes a time when the organ is no longer able to meet the demands made upon it by the body in the discharge of the commonest functions of the organism. But long before this point has been reached the failing heart has given its possessor warnings. One by one extraordinary exertions have had to be given up; hill-climbing has become impossible; ascending stairs has come to be an undertaking only to be set about with the greatest deliberation; the slightest rise in the level of a road, unnoticed before, has made itself unwelcomely perceptible to the sufferer. But with due care a great amount of inconvenience of this kind may be borne for many years even, and need not be incompatible with a certain degree of mental, if not of bodily activity, and enjoyment of life. When, however, this limit is passed, and the patient by no ingenuity can avoid taxing the weakened organ, he becomes quite helpless. Unable to discharge the smallest bodily functions without distress and

fatigue, unable to dress or even to move himself, the onset of dropsy enhancing the difficulty, the patient sits, for he cannot lie down, a prisoner waiting for death to release him.

Corresponding to this bodily condition are found many different kinds of weakened heart. In the majority of cases it is connected with a greater or less degree of fatty degeneration and destruction of muscular fibrillæ. This may be simple and primary; or, again, it may be consequent on, or complicated with, some other disordered condition of the heart or its valves. But be this as it may, failure of the heart to fulfil the demands made upon it—heart insolvency, so to speak—presents well-marked clinical features, and warrants us in grouping together many anatomically different diseases under one clinical head.

The first case of this kind to which I wish to draw attention is that of Mrs. X., widow of Admiral X., whom I attended in connection with my friend Mr. Cameron, from November, 1880, till her death, which took place in May, 1881. She was fifty-eight years of age, but looked much older, very grey, fair, stout, of medium height, with some traces remaining of the comeliness which had distinguished her in former years. I was told she had aged and altered very rapidly of late.

In the afternoon of November 27th, 1880, I received a hurried message to go and see her, and found her sitting in an arm-chair, leaning forward, gasping for breath, the face dusky, almost livid, the veins distended, the skin cold and clammy. From time to time she hawked up rusty-coloured expectoration, and said she felt there was more of it to come away. She complained of no pain, but only of the great distress of breathing.

The history of the case, as I learned it from the patient herself and her friends, is as follows. Both her grandfathers had suffered severely from gout. Her own father never had gout, but he died of heart disease, having suffered much as Mrs. X. was suffering. In her childhood she was watched over by her father with unusual solicitude, and shielded in every way, so that she grew up very susceptible to frights.

The catamenia were always regular and painless till they ceased. She was never subject to cough or bronchitis; never had headaches or digestive troubles, though she said the attacks she was now complaining of came on with flatulence.

After her marriage she began to be troubled with phlebitis affecting both legs, but especially the left, the left internal

saphenous vein being painful and tender in the whole of its course. This continued off and on throughout the rest of her life. Until quite recently she has worn elastic stockings. The phlebitis first came on after a miscarriage. She had many miscarriages, most of them brought on apparently by fright. She never reared any children.

She often suffered severely from internal (uterine?) neuralgia, but this only affected her when she was at her home in Cumberland, and never when she was away from it. For many years she was subject to diarrhoea, watery, painful, not containing any blood. She never suffered from piles.

In 1875, five years before her last illness, her husband died. At that time a friend of hers who lived near her noticed a great restlessness in her, which recurred afterwards from time to time. In 1878 Dr. Bryce saw her, and said she had heart disease. She was then very stout, and easily put out of breath. In 1879 her neighbour-friend noticed a great failing in her memory. One day, for instance, she called at this friend's house, and had completely forgotten that she had called the day before. In the spring of 1880 the patient noticed that she was not well and was easily tired, but according to her account she had none of the shortness of breath till July. In the summer of that year the friend above mentioned noticed a fresh change in her. Though never at any time a great walker, she was constantly walking out in all weathers. When the riskiness of this was urged upon her she said, "It is a choice of two evils. I must have air. If I stay indoors I am terribly restless." One day in July she walked to church, and was caught in a heavy shower of rain. She walked quickly to escape as much of it as she could, but did not avoid a wetting, and sat through the service in her wet things. Two nights after this she was seized with an "asthmatic attack." She rang for her maid, who was so much alarmed when she arrived that she fainted. The excitement of this dispelled the asthmatic attack. This was followed by several similar seizures. After this they ceased for a time. She then went to Edinburgh, and was under the care of Dr. Bryce. In Edinburgh she had another attack, and afterwards returned to Cumberland. She had not been home long before she developed for the first time in her life a regular attack of gout in her feet. It left behind a swelling which never entirely disappeared. This was in October. After this attacks of difficult breathing became frequent, and she came

to London hoping the change would give relief. She came to town on the 13th of November, and bore the journey very well. She drove out on one or two occasions after her arrival.

For a week previously she had been unable to lie down.

On the 16th she had her first attack of breathlessness in London. It was the worst of all she had either before or after. Whilst she was in it she was, I was told, almost perfectly blue. On the 24th she had another, and again another on the 26th, and on the 27th the one in which I found her.

The attack lasted about two hours, and was followed by a succession of similar attacks lasting until December 4th. Again, from January 6th to the 18th, was another succession, after which, though she was seldom free from a sense of oppression, she had no fully-developed attack of dyspnoea.

In the early morning of November 27th she had been "gassy." During the day she had talked much to visitors, and at 4.15 in the afternoon the complete attack came on. She had taken according to direction a drachm and a half of sal volatile. Mr. Cameron, who had attended her since her arrival in London, and whose patient she had been for many years, arrived soon after I did, and administered a few whiffs of chloroform, which was the only thing found to give relief to her suffering, though that relief was not permanent. A teaspoonful of brandy was given with no immediate benefit. A mustard poultice applied to the precordia had no apparent effect on the symptoms. At 6.30 a cup of coffee was given, and almost immediately after she said, "Now I *feel* better." The difficulty of breathing was relieved, and the improvement continued. Before 8 p.m. she settled herself, leaning forward, resting her head and arms on pillows arranged on a small table in front of her, fell asleep, and slept three hours, awaking much refreshed. She rambled much in her talk just before she went off to sleep and after awaking.

The appetite had been fair up till then; the tongue was clean; bowels regular; urine scanty and high-coloured. It was examined from time to time, but was never found to contain albumen. The legs were extremely cedematous, and numb, but not painful. The left internal saphenous vein was very tender to the touch.

The pulse in the attack was rapid, irregular in force and rhythm, hard like a cord, and incompressible. Respirations forty to the minute.



A great fluttering was felt all over the cardiac area, but no distinct heart-beat. The sounds were irregular and flapping, but no bruit was discoverable in any part. Over the bases of both lungs, especially the right, fine crepitations were heard, and some fine wheezing sounds. Both bases were slightly dull on percussion.

She complained of her feet being cold, but they were not cold to the touch. They were always kept warm by being placed on a hot-water cushion on her footstool. Her legs had been placed in a flannel pack covered with oil-silk. This had failed to cause sweat or give relief, and was removed.

She received *Digitalis*  $\phi$ , drop-doses, frequently repeated, and *Spigelia* 1 was left to be given if signs of a fresh attack came on.

November 28th, 9.30 a.m.—Found her much better. Tongue moist, dirty in centre. She had taken some little nourishment. Felt inclined to flatulence. Had palpitation if she leaned backward in her chair. Pulse much quieter, but very irregular.

2 p.m.—Called hurriedly. Found Mr. C. there administering chloroform. Difficulty of breathing had been increasing since morning visit. Took coffee in the morning. At twelve took "barley cream,"—chicken soup, and barley. At two the attack came on. Tongue dirty, dry in the centre; appetite poor; some nausea; bowels not moved; has passed a fair quantity of urine. Temperature, 98; respirations, 48. Pulse uncountable. After arranging her as above described, supported on pillows on a table in front of her, she fell asleep, and slept an hour and a half. Pulse in sleep, 80, *soft*; respiration, 36. After the sleep she was much refreshed, and took a cup of beef-tea.

7 p.m.—I was again sent for. She had had occasion to urinate, and after getting back to her chair broke out into a cold sweat, and soon after the dyspnoea commenced. Her maid said the sweat ushered in all the attacks.

I found her breathing rapidly. She had taken no nourishment since my previous visit. I gave her a whiff of chloroform, and *Nux Vom.* 1, one drop in water every hour, and she soon went off to sleep, and slept two hours. She then had a cup of tea and toast. After this she was changed from one chair to another, had a good motion, and passed water. She then settled down quietly for the night in her easy-chair, taking a cup of beef-tea with toast, and apollinaris water for drink.

To have in night beef-tea and milk-and-apollinaris-water. *Nux Vomica* every two hours, and *Digitalis* twice.

November 30th, 4 a.m.—Another attack came on. I was sent for at five. A few whiffs of chloroform were given, and she soon went to sleep.

9.30 a.m.—Quite easy. Met Mr. C., and we decided to give *Arsenicum* 3x alternately with *Digitalis*. Diet the same as before, with the addition of light milk puddings. (In alternating medicines with *Digitalis* the plan we usually adopted was to give two doses of the former, whatever it might be, to one dose of the latter, giving a dose every two hours; so that in the twenty-four hours four doses of *Digitalis* were given, and eight of the other medicine.)

7 p.m.—I was again hurriedly sent for, as an attack was feared. It did not, however, occur. The bowels were well moved in the evening. A dose of chloric ether was left in charge of the nurse, to be given in the night if an attack should come on.

December 1st, morning.—Passed a good night. Tongue dirty.

10.30 p.m.—Had a comfortable day. Has a slight catching cough, without expectoration.

Repeat medicines. Add *Bryonia* 1, one dose.

December 2nd.—Had a good night; no symptoms of an attack. Cough cleared off; tongue cleaner; urine scanty. She changed her room, and enjoyed the change.

During the whole of this illness she occupied two rooms, using for the most part one by day and the other by night. They were both large, on the same floor, one facing north and the other south, both opening on to a landing, by which she was wheeled in a chair for the purpose from the one to the other. This arrangement was of great service in keeping the patient supplied constantly with the fresh air which was so necessary for her. In the coldest part of that very cold winter a large fire was kept up in the unoccupied room, and the windows of it were opened wide. The door was also left open, and the door of the room occupied by the patient. By this arrangement a current of fresh air was constantly drawn into the one room through the other, where it was warmed in its passage by the fire there kept up.

11 p.m.—Comfortable day. Urine still very scanty; much starting of limbs; legs rather more swollen.

Repeat. *Ignat.* 1 to be given if the starting should be troublesome.

December 3rd.—Slept fairly fore part of the night. Tried to pass a stool, only a little came; was breathless after the effort; urine scanty. Legs very brawny.

Repeat.

4 a.m.—Called at 5 a.m. Patient had sent for me, fearing an attack was coming on. She had had fifteen drops of chloric ether administered by the nurse as directed. She was rambling much when I arrived, and had no recollection of having sent for me. I found her wheezing slightly, but in no great distress; urine still very scanty and thick; bowels not moved, some discomfort in them.

I now gave *Lycopod.* 6, one drop every half-hour for a few doses, then every hour, and then every two hours.

10 a.m.—She had passed much more urine, which was much clearer. Had a sense of burning in the rectum, but no motion.

She was seen by Mr. C. later in the day, who alternated *Digitalis* with the *Lycopod.* and ordered an enema. From this time onwards she had a considerable respite from her breathless attacks. She slept well in the leaning-forward position. A head-rest devised by her relatives was of great service. It was something like a reading-desk with a hollowed-out space, well padded to receive the forehead, and a lower shelf on which the arms could be rested. It was more convenient than the arrangement of pillows on the table, and allowed of freer breathing-space around. She took nourishment well; the bowels became less troublesome, but the urine again became scanty and high-coloured, and so remained.

On the night of the 5th she slept well without the head-rest, reclining a little.

On the 6th the legs, which had been gradually getting more troublesome, were very irritable, and the skin was threatening to give way. Indeed, in one or two points oozing had actually taken place. I now discarded packs of all kinds, which had been previously resorted to, with apparently only the result of rendering the skin more lax and distensible, and not at all with the effect of reducing the swelling, and adopted a new plan. I had the legs sponged with spirit lotion, and when dry dusted with flour and rubbed. A loosely-woven bandage was then firmly applied to the foot and leg up to the knee. The rubbing was very grateful to the patient, and she felt the bandage a great comfort. It was changed night and morning. It had the

effect of supporting the limb and diminishing the dropsy. The skin at once healed in the oozing points, and though the skin remained somewhat brawny, and the dropsy invaded the upper parts, there was never any danger of the legs getting into that most distressing condition of ulceration and oozing which so often occurs in these cases.

On the 8th, as the urine still remained scanty and loaded with urates, Mr. C. suggested that *Lithia-water* should be substituted for the apollinaris, which was accordingly done, the medicines being continued as before.

From this time the patient's condition improved generally. On the 11th the urine was noticed to be a little less scanty, and on the 13th it was decidedly copious. The dropsy of the legs slightly receded.

On the 17th she began to be troubled with sickness and retching. The tongue was dirty. *Merc.-Sol.* 6 was substituted for *Lyc.* in alternation with *Digitalis*.

After this the sickness disappeared, but on the 19th it returned, and the urine was again very scanty and excrementitious. *Lycopod.* was now given alone every two hours. The urine showed signs of improvement the following day, and soon became quite copious. There was very little sickness, and a generally improved condition was maintained until the 27th, when there was a return of the retching. *Digitalis* was then resumed. The nights continued good, and the sickness kept off. The urine gradually became more scanty, and the pulse more irregular. On the 31st, after a restless night, she was sick in the morning after brushing her teeth. Heart fluttering; bowels not moved; tongue coated brownish-yellow; urine scanty; pulse tense. She then improved generally for a few days, the urine, however, remaining scanty all the time. On January 3rd the report was that she had had a very good night; had perspired much, the legs also perspiring; urine very scanty; pulse irregular. *Digit.* was now omitted.

January 4th.—Very good night; more urine; pulse feeble and soft, but more regular; tongue cleaner; no sickness. *Nux V.* 1 alt. *Lyc.*

January 5th.—Very wretched-looking this morning; had a bad night. Tried to rest in bed propped up in sitting posture (she had been sleeping with her legs stretched out and slightly raised as she sat in her chair, so she thought she might try a similar posture in bed). Slept half an hour, and then woke oppressed. She got into her chair and hung

down her legs, but the oppression did not pass off. Much cough and retching this morning. Tongue coated dirty yellow; bowels not moved; feels as if a stone lay at her stomach. *Bryon.* 3x, one drop every two hours.

10.30 p.m.—Restless day; apprehensive of an attack; cough troublesome all day, making her feel sick; sense of weight gone; more urine; small dark stool.

January 6th.—Called at midnight. After leaving her she had a good motion. Shortly after this palpitation came on very badly, and with it breathlessness and cough with rusty expectoration. Fine crepitation heard all over the back; pulse hard and irregular; clammy sweat.

A few whiffs of chloroform gave relief, but did not induce sleep. After an hour and a half she got to sleep, and awoke better. I left her at 3.15 a.m., and then the pulse was soft. *Lycopodium* and *Digitalis* were given every quarter of an hour.

At 9.30 a.m. I found her better. She had had more sleep. The cough was gone, and also the crepitations from the back. Tongue coated brown; no sickness; small dark motion; urine copious; pulse soft and steadier.

11.30 p.m.—Face rather worn-looking; tip of nose red; urine scanty and thick.

January 7th.—Restless after 3 a.m. Small motion; urine scanty and thick. Pulse feeble, irregular, soft. Tongue less coated; no sickness. Face less anxious. *Nur V. alt. Dig.*

10.30 p.m.—Very weak; pulse irregular, but not tensile; no cough or sickness; legs rather more swollen.

Just as I was about to leave an attack came on. She had taken cocoa and vomited it. There was great dyspnoea. The lips were blue. There was very little cough, and no rusty sputa, but there was crepitation over both bases of the lungs. *Lycopod.* and *Digit.* were given, and also a little chloroform by inhalation. The chloroform relieved the sensations, and the patient craved for it, but as it had not the slightest effect in relieving the condition, and seemed to hinder sleep, I soon stopped it. I gave her a cup of tea, and at 1.40 she dozed. After once awaking she fell into a sound sleep.

January 8th, 9.30 a.m.—Slept most of the time since I left her. Is very fidgety, nervous, and irritable. Urine more copious.

10.30 p.m.—Had quiet day, but much palpitation. Mr. C. had seen her in the afternoon, and gave *Arsen.* 3x with *Dig.* Urine more copious. There is usually more urine and more perspiration in an attack than normally.

January 9th.—Had a bad night; woke every hour with palpitation, the breathlessness increasing.

8.30 p.m.—Restless day; much palpitation; no sickness. Towards evening the palpitation became worse; breathlessness; expectoration slightly tinged with blood; urine copious. I gave her *Lycopod.* 6 every ten minutes, a few whiffs of chloroform to ease the patient's mind, and a cup of tea. The attack soon subsided, the breathing became easy, and she fell into a sleep.

January 10th.—Slight breathlessness; bowels irritable; small frequent motions; no cough or sickness. *Lycopod.* 12. In the afternoon she was seen by Mr. C., who gave *Verat-Alb.* as well as *Lyc.*, on account of the irritable state of the bowels.

January 11th.—Called at 3 a.m.; found her in another attack; had had a wretched night. I gave her *Digit.*, alternating with *Lyc.*, and a cup of tea. At 4.30 she fell asleep. She woke soon after, and passed a very breathless day; much troubled with oppression.

January 12th.—Wretched night; oppressed breathing all the time; had a severe shaking fit, and looked very bad indeed; for two hours was quite delirious. After a cup of tea went to sleep for about an hour. *Carbo.-V.* 6 with *Dig.*

After this she passed into a curious low despondent state, bidding all good-bye. The breathing became easier; the urine became scanty again, and a few doses of *Lycopod.* were interposed. The urine became more copious, but again becoming scanty, *Carbo.-Veg.* and *Dig.* were resumed.

January 16th.—Pulse tensile; she is very low and drowsy; urine scanty.

I found that in consequence of the excessive coldness of the weather at this time the patient had not been getting sufficient air, the windows having been kept closed. I therefore gave orders that the arrangement mentioned above for ventilation should be strictly observed. *Lyc.* 6 was given every hour.

The symptoms improved greatly. The bowels became more open, but the urine became again scanty. There was a good deal of rambling in the talk. On the 18th *Opium* was alternated with *Lyc.* On the 19th she suffered from singular delusions, and in the afternoon of that day had a regular aguish seizure, in which she looked excessively ill, and greatly alarmed her friends. The tongue was white with moist coat; took food well; bowels moved slightly;

urine scanty; pulse irregular, but not cordy; no dyspnoea, no cough. When I saw her late at night she was quite easy and rational, but very drowsy. Her general condition improved, and the improvement continued until the 25th, when she fainted after transacting some little business-matter. Brandy promptly restored her. *Digitalis* was resumed on the 26th, and *Opium* left off. On the 27th, after an excellent night, and seeming unusually bright and well, suddenly, about two hours after breakfast, she became very sick, vomiting her breakfast and bile. Pain in right shoulder; dulness over right back; increased vocal resonance, râles, and feeble breathing; tongue clean; bowels open; great quantity of urine. *Chelidonium* 3x in alternation with *Dig.*

From this time she improved in many respects. Had no more of the severe attacks of breathlessness. When she felt much oppression inhalations of carbolate of iodine were given by Austin's inhaler with some benefit. She was sick from time to time. *Merc.-Sol.* 6 was given with infusion of *Digitalis*, min. xx in alternation.

February 5th.—*Lyc.* and *Dig.*

February 6th.—*Merc.* and *Dig.*

February 8th.—Bad night, palpitation, wandering; urine rather scanty. *Lyc.* 6 every hour.

February 9th.—Fairly good night; urine scanty; drowsy and breathless. *Lobelia* 1 alt. *Dig.*

February 10th.—Easier, but is very limp. *Arsen.* 2 alt. *Dig.* and stimulants. The latter were found to have not the slightest beneficial effect, and were discontinued. On the 12th *Lyc.* was given with *Dig.*, and the urine, which had been scanty, at once became copious and clear. From this time both the bodily and mental condition improved. She was able to sleep with her feet raised and almost straight out before her. On the 18th *Digitalis* was omitted, and *Lyc.* continued alone.

February 25th.—I noticed the pulse was small and thready, as well as irregular. She had been much oppressed on that day. On the day following she was seized with another aguish attack—violent shaking, followed by perspiration. She vomited part of a cup of tea she took in the attack, and was astray in her mind when she came out of it. The urine after this became more scanty again.

March 1st.—The dropsy, which had spread upwards from the legs to the thighs and adipose tissue of back and

abdomen, now made its appearance about the elbows. On the 2nd she was breathless, but got relief from Austin's inhaler; urine scanty. *Apocynum Can.*  $\phi$ , m. iii. every half-hour.

March 3rd.—Slept better; bowels moved twice, once loosish; rather more urine; less oppression.

March 4th.—Bowels loose; has been sick. *Helleb.-N.* 1 alt. *Apocy.*

March 5th.—Is sick after everything, but does not feel sick; bowels not moved; urine copious; pulse good. *Pulsat.* 1 every hour.

10.30 p.m.—No more sickness; slept all day; breath quite easy; urine scanty and thick; pulse good; *the hands are very much puffed.* *Apocy.* and *Pulsat.* in alternation.

March 6th.—Better generally; *left fore-arm swollen*; she cannot take bread. To have revalenta and beef-tea. This she liked; also plain biscuits.

March 7th.—Hands less puffy; no increase of urine.

March 11th.—Dropsy nearly disappeared from hands.

March 14th.—Wandered in the night; breathing more oppressed; urine copious; hands more swollen. *Lyc.* alt. *Apocy.*

She became restless and oppressed; the urine became scanty; her cough became troublesome, but was relieved after a dose or two of *Bryon.*

On the 18th she was very restless. *Chamomilla* was given with no result. Then *Digit.* was given with *Lyc.* She passed two motions; the urine was very scanty. I found her at 10.30 p.m. breathless and *trembling*; skin cold and clammy; pulse very quick and small; fine râles heard at both backs. *Digitalis* was replaced by *Apocy.* After a time she became easier, slept from 11.15 to 12, and during that time the pulse was quiet, full, and steady. In the night she became restless. The inhaler was used without effect. Sick at 7.30. Dropsy generally increased, but hands are free from it. *Merc.-Sol.* and *Digit.* were now given, and continued till the 28th, *Bryonia* being given occasionally when the cough was troublesome, and always with the effect of relieving it. On the 20th the back was noticed to be very large, the dropsy reaching as high as the first lumbar vertebra. On the 21st I examined the back of the chest, and found the right base dull; crepitation was heard on that side, and feeble breathing. For a considerable time no respiratory murmur was to be heard at all, then for a few deep inspirations it was recog-



nisable, and then again subsided. On the 23rd I again examined the chest, and more particularly. The dulness of the right base extended to the front as well as to the back. Anteriorly the respiratory sounds were clear. Posteriorly râles were heard, but less abundant than on the previous occasion. The left hand is more swollen. In the bend of the left elbow is a gland swollen and painful.

March 26th.—*Apocynum* alt. *Digitalis*.

The gland in the left elbow became more painful, and also the vessels proceeding to and from it, for a few days, and then the swelling and pain gradually subsided. The hand, however, became more swollen, and both hands remained œdematous to the end.

April 6th.—She has become oppressed. Since the 1st of the month the girth of the abdomen has increased from 46½ in. to 48 in. The oppression passed off in two days.

April 10th.—Tongue coated; two loose stools; is uncomfortable. *Merc.-S.* alt. *Dig.*

April 15th.—Tongue still coated; bowels open; urine copious; hands more puffed; girth, 49 in.

April 17th.—Rather weaker.

April 18th.—Rather blue; had had coughing and retching attack; no expectoration; heart's action irregular and intermittent, sounds clear, fairly strong. *Dig.* and *Lyc.*

The cough increased; it came in fits. *Ipec.* and *Hyoscy.* were given, and it then subsided. No expectoration; swelling of the hands increased.

April 23rd.—Air enters lungs freely; not so much moist; râle; cough dry, but sounds loose.

April 25th.—Cough very troublesome; no phlegm; very little breathlessness; chest sounds rather clearer; very weak; drowsy; dark; urine copious. This state continued for two or three days. Under *Bryon.* the cough subsided. Then *Arsenicum* and *Lycopod.* were given in alternation, with an occasional dose of *Bry.*, and a generally improved condition was brought about, existence being quite tolerable, if not quite one of comfort. This went on until May 23rd. On the 5th *Apocy.* was substituted for *Arsen.*, and on the 20th *Puls.* for *Bry.*

On the 23rd of May the patient was noticed to be rather blue; œdema extending; veins of neck full and throbbing; sleep good; bowels open; urine less copious.

May 25th.—Not so well. *Helleb.* had been given the day previous. This morning she was thought to be dying, but

brandy was administered, and she revived. She is sensible; very dark; very weak; tongue as usual; no appetite. *Dig.* and *Lyc.*

In the evening very weak and wandering; talk incoherent and incomprehensible.

May 26th, 10 a.m.—Had a very bad night; has been sick. This morning, after beef-tea, vomited coffee-ground matter. *No stool; no urine; profuse perspiration; tongue dirty, blackened; no pulse.* She recognised me; only gleams of consciousness; muttering. She vomited coffee-ground matter whilst I was present, became rapidly unconscious, and died at 1.45 p.m.

I must reserve all comments on the many points of interest arising out of this case for a future lecture, as the mere narration of it has occupied so much space. I could not, however, have made it shorter than I have done without seriously impairing its value.

15, St. George's Terrace, Gloucester Road, S.W.

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## CLINICAL NOTES.

By SAMUEL SWAN, M.D., New York.

(Continued from p. 54.)

(10) DR. — was, with several other physicians, exposed to very bad weather, and, as they all had similar symptoms, they diagnosed the disease as malaria, and treated it accordingly, all using low potencies, nothing above the 6th. After suffering off and on for two or more months, and being prescribed for in vain by several "physicians practising Homœopathy," not Hahnemannian physicians, the doctor concluded to try "moonshine," as he jokingly calls a high potency. I found the following condition:—Nervous chills, preceded by aching pains in head, *especially in occiput and integuments thereof*, the head feeling heavy, sore, and congested; also frontal headache about a half or two-thirds of an inch wide across forehead under eyebrows; and *aching pains* below waist, in pelvis and *extremities*, especially on the *tibia, which is sensitive to touch*. THE PAINS COMMENCE ABOUT 4 P.M., culminate about midnight in delirium, and CEASE ENTIRELY AT DAYLIGHT. Appetite good; bowels torpid for five weeks; cross, irritable, and peevish. The italicised

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symptoms, and especially those in small capitals, indicated *Syphilinum*, and I gave him one dose of dmm (Swan) at 3.30 p.m. All symptoms at once ceased, and did not return—not an ache, pain, or chill has been felt since. The next day he had a natural stool, the first for five weeks, and is now an entirely well man.

(11) Sick headache since girlhood, pains intolerable, with high fever, frequent retching or trying to vomit; arteries of head full and pulsating violently; menses regular but very scanty. Cured by Dr. J. C. Boardman with *Syphilinum* 50m.

(12) *Syphilinum* (high) cured in a married lady a large sore, an inch and a half in diameter, over middle of occipital bone, covered with a large yellow-white scab, a quarter of an inch thick.

(13) Constant linear headache, commencing at both angles of forehead and extending in parallel lines backwards (a precursor of epileptic fits). Cured by Dr. Thomas Wildes with *Syphilinum* (high).

(14) Syphilitic cephalagia in occiput; attacks come on at irregular intervals, especially after excitement. The pain extends to the nervous ganglia of the neck, causing hardening of the cords; the pain is intolerable; in a married lady. Cured by *Syphilinum* mm (Swan).

(15) *Syphilinum* (high) cured red papulous eruption around left inner canthus, with isolated pimples on side of nose, cheek, and eyebrow; these pimples were red, with depressed centre, circumscribed areola, becoming confluent where the pimples were most dense; the pimples bleed when the scabs come off; agglutination of eyelids.

(16) *Syphilinum* has cured ophthalmic pains worse at night, and relieved by cold water.

(17) Left eye covered with fungus-like growth, pain intense, worse at night. Cured by Dr. E. A. Ballard with *Syphilinum* 1m.

(18) A girl had deafness, which came on gradually till at last she could hardly hear at all. Gave *Syphilinum* cmm (Swan), and in three hours she could hear as well as ever.

(19) Spasmodic twitching of many muscles, especially in face (paralysis agitans), with great melancholy and depression of spirits. Cured by Dr. Thomas Wildes with *Syphilinum* (high).

(20) Putrid taste in mouth before epileptic fit. Cured by Dr. Thomas Wildes with *Syphilinum* (high).

(21) Aversion to meat. Cured by Dr. Thomas Wildes and myself with *Syphilinum* (high).

(22) A married lady; lower portion of rectum hanging out of anus like a ruffle, looking like a full-blown rose; was fully three inches in diameter, not sensitive; constant weak, dragging sensation in rectum, extending as far up as sacrum. Cured with *Syphilinum* 1m.

(23) Fissures in anus and rectum; cured by Dr. W. Eggert with *Syphilinum* (high).

(24) Bilious diarrhoea when at seashore (compare *Nat.-Mur.* and *Aqua Marina*); painless, driving her out of bed (compare *Sulphur*); about five stools during day; later causing some excoriation; face red; suffers from heat; occasional painless whitish diarrhoea when at home; always relieved when going to the mountains. Cured by *Syphilinum* mm (Swan).

(25) Mrs. —, urine infrequent, not oftener than once in twenty-four hours, scanty, golden-yellow colour. Gave *Syphilinum* 1m. She woke near morning with great distention of abdomen and pain in region of kidneys; rising, she passed a large quantity of normal coloured urine, after which the distention and pain were relieved; next day urination regular, watery.

(26) Profuse urination after the chill, passing during night nearly a chamberful. Cured by *Syphilinum* (high).

(27) Rich lemon-yellow, scanty urine. Cured by Dr. Thomas Wildes with *Syphilinum* (high).

(28) *Syphilinum* (high) has cured several cases of chancre on prepuce, and several cases of bubo. In one case the em potency cured a bubo, purple, pointing in left groin, the size of a pigeon's egg; accompanied with night-sweats, and constant pain in anterior right thigh, worse at night.

(29) Mrs. —, uterus and all surrounding parts loose, soft, and flabby; three large ulcers on cervix uteri; thick yellow profuse leucorrhoea; constant pain across small of back. Cured by *Syphilinum* (high).

(30) Miss —; after taking *Syphilinum* (high) the usually painful menstruation with all its concomitants was very easy, and the best for years.

(31) Hard, constant cough, with thick yellow, tasteless expectoration. Cured by *Syphilinum* (high).

(32) Dry racking cough, with slight purulent expectoration now and then for two years, caused by a sensation of rasping or scraping in throat, always much worse at night;

three years ago had chancre cured (!?) by "bluestone cautery" and drinking "bluestone water." Cured by *Syphilinum* 20m.

(33) Hard cough, worse at night, when it is continuous, preventing sleep; white phlegm expectorated. Cured with *Syphilinum* (high).

(34) Expectoration muco-purulent, greyish, greenish, greenish-yellow, tasteless. Cured with *Syphilinum* (high).

(35) Whooping-cough, accompanied with terrible vomiting. Cured by Dr. Laura Morgan with *Syphilinum* (high).

(36) Dry, sharp, hacking cough, without expectoration, but with rawness, scraping, and burning from fauces to stomach-pit, with a whoop on inspiration (compare *Spongia*), and a choking sensation from fauces to bifurcation of bronchia, with great mental distress. Cured by Dr. Thos. Wildes with *Syphilinum* (high).

(37) Cannot lie on right side, as it causes a dry cough. Cured with *Syphilinum* (high).

(38) Bubo, with pain in a spot on middle of right thigh in front, only when standing and on deep pressure, which latter seemed to touch the spot, which apparently was in the periosteum. Cured with *Syphilinum* (high).

(39) Fever, commencing from 11 a.m. to 1 p.m., daily; fever hot; perspires when she begins to get over the fever; pain in back, worse between shoulders; no ambition or desire to move. Cured by *Syphilinum* (high).

(40) Rheumatism, with swelling of hands, wrists, legs below the knee, and feet, with great soreness of soles; all worse at night. Cured by *Syphilinum* 1m.

(41) I gave a lady *Buboinum* (high) for a bubo; it relieved it, but caused the left ovary to swell, so that during coitus, at the moment of orgasm, there was a sharp cutting pain in left ovary like a knife, and twice there was a smarting as of a sore. The ovary swelled so much that its size and shape could easily be felt through the abdominal walls.

(42) A young man complained that if he rose up suddenly after stooping he would faint away. *Linaria* cm (Swan), one dose, cured. Dr. C. Lippe gave me the symptom, "Fainting from small causes."

(43) *Cubebs* is indicated in foetid odour from chronic catarrh with greenish-yellow expectoration; also in catarrh with rawness of throat, hoarseness or aphonia, with fulness in chest or wheezing; also in catarrh with greenish-yellow foetid discharge from nose, and in greenish-yellow foetid

leucorrhœa. Have cured several cases with cm and mm (Swan). Thus Houtat's provings, which the great purifier (!?) of the *Materia Medica* and misquoter of the Master and his followers stigmatises as "actual lies," are *again* verified by the clinical test.

(44) Case of brain-fag in a young man; the symptoms were reticence; difficulty in co-ordinating ideas so as to answer a question; would look at you intelligently, as if he were going to speak, or as if he had grasped the idea, and then the light fading from the eye would show that he had lost it; he would say that he would get up, evidently intending to do so, but failed to hold the idea long enough to accomplish his purpose. One dose of *Protagon* mm (Swan) relieved him entirely, and I found him downstairs next morning, bright and cheerful, and had been reading about the election without any fatigue of brain. In my pamphlet on *Nosodes*, etc., p. 7, I have reported a remarkable cure of a similar case by Dr. Leila A. Rendell, one of the best Hahnemannian physicians in our ranks. Dr. Berridge also informs me that he has greatly relieved two similar cases with the same remedy, though others were indicated afterwards.

(45) A girl, æt. ten, had been for four months under the care of one of the most distinguished Hahnemannians of New York and its environs, but without benefit. The right eye alone was affected, congestion of sclerotic and conjunctiva, and some chemosis; lids inflamed, especially at outer canthus; sensation of sand in the eye; lids agglutinated in morning; great photophobia; profuse yellow leucorrhœa, worse at night. Feeling sure, from the great eminence of her former physician, that all the most indicated antipsorics had been given, I conjectured and ascertained a syphilitic origin, and as nocturnal aggravation is very characteristic of *Syphilinum*, I gave one dose of cmm (Swan). In one week the eye was much better; in two weeks it was well, but there now appeared an enlargement of the cervical glands. As I discovered on her neck a number of pedunculated pin-head warts, I gave her *Syco-syphilinum* dmm (Swan). This completed the cure of the eye symptoms, the leucorrhœa, and the glandular enlargement. Warts all disappeared.

(46) A boy, æt. five, golden hair, brown eyes, fair and fat, as are all the family; had his left eye closed, upper lid swollen as large as half an English walnut, deep red, with oozing of purulent matter from between the lids, not much pain. Gave *Syphilinum* dmm (Swan), one dose. Next day

nearly well; third day, eye all right, except a little redness in both lids. Complains now of an intense earache in right side, incisive pains thrusting into the ear, purulent watery discharge from the ear with the pain. Gave *Otorrhœa syphilitica* cmm (Swan), one dose, and in two days was entirely well.

(47) A young lady, who had just recovered from a severe attack of tonsillitis, developed a case of pleuro-pneumonia without any assignable cause, not having left her bed. The temperature was 104·5, and pulse 135. The lesion was *high up on the right side towards axilla*. I gave her *Aconite* in the morning. The same day, happening to see Dr. Baruch, I mentioned the case to him, and he gave me the ninth centesimal potency of *Ferrum Phosphoricum*, which he said he had seen act admirably with him in similar cases. I saw her again at 4 p.m., but neither pulse nor temperature had changed, so I dissolved the *Ferr.-Phosph.* in a full glass of water, and ordered a spoonful every half-hour till my return. I saw her again at 7 p.m., and found she had not coughed once since the first dose; temperature 103, pulse 104; felt better; could raise her arm above her head, and could breathe deeper. Dr. Baruch claims that it not only reduces the pulse and temperature, but is curative of the disease *in that particular location*. The *Ferr.-Phosph.* almost entirely cured the case, only one dose of *Bryonia* being subsequently required. Neither Schussler's clinical symptoms nor the proving in vol. 10 of the *Encyclopædia* give this characteristic indication.

(48) A dull aching pain over the right hip, with soreness on pressure, extending round to the front, and considerable fulness and sense of great distention in the liver, was entirely cured with *Cholesterine* cm (Swan).

(To be continued.)

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### USNEA BARBATA.

MESSRS. ALFRED HEATH AND CO., of Ebury Street, have sent us two neatly-mounted specimens of this lichen, of which we brought a notice in our last issue. It will be remembered that it causes a severe form of headache, and will, of course, *refractâ dosi*, cure a similar one.

We have also to thank the same firm for a very pretty specimen of the *Sticta pulmonaria*. Mounted on a card, it has a very lung-like look, but of course the *signatura rerum naturalium* has nothing to with the virtues of plants.

## THE MINERAL SPRINGS OF NEW ZEALAND.

By J. MURRAY MOORE, M.D., M.R.C.S.

IN my article in the *Homoeopathic World* for July, 1881, I promised an account of the medicinal waters of the North Island, and I have been collecting information since that date with a view to this article.

Invalids are coming by every steamer to Auckland *en route* to Waiwera, Lake Rotoma, and Taupo, from Australia, from the South Island, and from England, but our local practitioners do not seem to have studied these powerful springs sufficiently to give definite advice as to their special therapeutic effects. During my visit in 1880 I obtained all the *circa-voce* experience of patients staying up in the Lake Country, and since have learnt of several undoubted cures of sciatica, rheumatism, gout, skin diseases, and paralysis. The Hot Spring Country is defined by Dr. Hochstetter as commencing at the northern base of Mounts Tongariro (active volcano) and Ruapehu at the south end of Lake Taupo, thence extending N.E. for about 150 miles to Whakari, or "White Island," in the Bay of Plenty, this belt of country being about thirty miles broad, the same width as Lake Taupo, by an underflow from which many of these springs may possibly be fed. Three Maori terms are used by the natives to include all these springs, geysers, mud-volcanoes—1. Piuā, a geyser; 2. Ngawha, a hot steaming spring; 3. Waiariki, signifying any pool of hot water suitable for bathing. In the second word notice the palatal "ng" which connects the Maori language with the South African dialects, showing a remote common origin. Out of the countless hot springs and mud-geysers of this district thirty-four have been carefully analysed and chemically classified by Mr. Skey and Dr. Hector at the Colonial Laboratory, Wellington. I will select the most important and best frequented for description. Space will not allow me to describe their exact topography, nor to narrate special cases where a cure or alleviation has been effected, but I can vouch for the strict accuracy of the following facts and inferences.

From a chemical point of view these mineral waters may be grouped as follows:—1. Saline, containing chiefly chloride of sodium. 2. Alkaline, containing carbonates and bi-carbonates of soda and potash. 3. Alkaline-siliceous, containing much silicic acid, but changing rapidly on exposure to the air, and becoming alkaline. 4. Hepatic or sulphurous,



the prominent character of which is the presence of sulphuretted hydrogen and sulphurous acid. 5. Acidic waters, in which there is an excess of mineral acids, such as hydrochloric and sulphuric acid. The following may be described as typical of the five groups:—

1. Waiwera, near Mahārangi, twenty-six miles north of Auckland, is the most famous, because of the excellent hotel and baths erected many years since by Mr. Robert Graham, who has been the pioneer in this kind of enterprise for the whole North Island. It is a very charming spot on the sea-coast, and the fare at the hotel is the best in the Auckland Province. Therefore it has been for a long time the resort of health-seekers, honeymoon couples, and tourists. The spring is a hot saline and weakly alkaline one,  $110^{\circ}$  at its origin, therefore forming a natural hot bath, and contains 219 grains to the gallon of solid constituents, including sodium chloride 116; sodium bi-carbonate 87; calcium bi-carbonate 10, silica 2.4 grains. Rheumatism, rheumatic gout, dyspepsia of rheumatic or gouty origin, and dysmenorrhœa are much relieved here; but invalids are sometimes enervated and "pulled down" by too frequent bathing, and I find that in women menstruation is sometimes made too frequent and too profuse. Those in health who bathe from mere luxury are often attacked by slight articular rheumatism, which circumstance shows the homœopathicity of the spring to that disease. Internally the water has a mild anti-lithic action, and is beneficial in constipation and cystitis.

2. Puriri, near Grahamstown (Thames district), is an aerated carbonated cold spring, now becoming used in Auckland as we use seltzer and soda-water or Ems water in England; useful in acid dyspepsia and diseases of the kidneys and bladder.

3. Ture-kore at Whakarewarewa, three miles from Rotoma. Here a small waterfall drains a large reservoir of boiling springs, and falls into a basin at a temperature of from  $96^{\circ}$  to  $120^{\circ}$ . It contains 54 grains to the gallon of chlorides of sodium and potassium, 13 grains sulphate of soda, 19 grains silicates of soda, lime, magnesia, and iron. The Maories believe in it as a cure for every kind of skin disease. Within my own experience, a lady patient, affected with recurrent eczema of an hereditary nature, after only slowly progressing towards recovery under my prescriptions of Rhus, Petroleum, Sulphur, in courses, visited this spring, sat under the fall for

twenty minutes or so, once only, and in a few days lost all traces of the eczema, which has not since (one year ago) returned.

4. The Koroteotso, or oil bath, at the same place, is  $214^{\circ}$  in temperature, so excessively alkaline as to be slightly caustic, and therefore oily to the touch, and is of benefit in syphilitic eruptions.

5. Kuirau, on the shore of Lake Rotoma,  $136^{\circ}$  to  $156^{\circ}$ , is so soft that clothes can be washed in it without soap, and contains 79.85 grains per gallon of sodium chloride, sulphate of soda, silica, and silicates. It will prove valuable in acne, seborrhoea, and all diseases of the sebaceous skin-follicles. The alkaline-siliceous waters from the White and Pink Terraces of Rotomahama and springs Nos. 4 and 5, have an undoubted alterative effect in gout, rheumatic gout, and rheumatism, due to the specific effects of silicates in solution in promoting the discharge of uric acid from the system. This has been recently discovered by a French chemist. In some cases this desirable effect is aided by the compulsory exercise, the simple food, and the constant bathing in *hot* water. When I visited Whakarewarewa the invalids had only whares (pronounced "wharries") to live in, and had to "rough it," cook for themselves, etc.

6. Tekute, the "Great Spring," ten miles from Ohiweumtu, boils furiously, is of a muddy brown colour, and contains much sulphurous acid and free sulphuretted hydrogen. It is justly celebrated for the cure of cutaneous disorders.

7. The "Pain-killer" Bath, close to Rotoma, is also very good in skin diseases. It is a powerful sulphur bath at  $204^{\circ}$ , with distinct acid reaction, and evolving offensive gas. It contains 135 grains to the gallon; beneficial in neuralgia and some skin diseases.

8. Sulphur Bay Spring, on the edge of Lake Rotoma, has a powerful action on the skin, from its having no less than 18 grains per gallon of free sulphuric acid.

None of the above springs contain iodine, and only Koroteotso shows a trace of lithia.

We pass on now to the Taupo District, fifty miles from Lake Rotoma, and 350 feet higher above sea-level. Here the Thermal Springs are characterised by having iodine present as a constant constituent. They are saline and faintly acid, are suitable for internal and external use in scorbutic and tubercular diseases, also in chronic nervous affections and cutaneous eruptions. The chief springs are

Otumuhika, Rushine, Orakeikorako, Waipakahi, and Hukahuka. Their temperature varies from  $78^{\circ}$  to  $150^{\circ}$ . Mr. Graham has secured one of the finest hot springs near Lake Taupo, and will popularise it in time, as at Waiwera. Hitherto the Taupo springs have been inaccessible to most tourists, and wholly within native territory. "Tarawera" and "Parkes's Spring" contain the largest amount of iodine of any yet analysed. Wonderful illustration of the power of infinitesimal quantities on the human frame, when we find in the analysis that this "large quantity" of iodine only amounts to 714 grains in Tarawera and 1012 grains in Parkes's *to the gallon* of water.

No. 34 of Dr. Hector's list is a powerfully ferruginous spring called "Onetapu" (tapu means "sacred," whence our expression "to taboo"), situated at the base of Mount Ruafehu, 9,000 feet, perpetually snow-capped. This spring is so strongly charged with the sulphates of iron and alumina as to tinge and taint the water of the River Whangaehu from its source to the ocean, a distance of seventy miles.

All these valuable nature-healing resources will now be available to the traveller. Last session the Government of this colony passed an Act, drawn up mainly by Mr. Fenton, Chief Judge of the Native Lands Court, called "The Thermal Springs Districts Act, 1881," whereby in the Lake Rotoma district no less than 616,890 acres are "proclaimed" to be Government property, and in the East Taupo district 29,900 acres. This area includes all the hot and cold springs, the terraces, geysers, fumaroles, etc., only individually acquired, undoubtedly purchased proprietorship being untouched by the Act. No individual or company can now exclude the public from any spring reserved under the Act, which precisely meets the need I pointed out in my article of last July.

Furthermore, a pretty little town, called Rotoma, upon the site of the present Ohinemutu, is laid out by this Act, the allotments of which, held on ninety-nine years' lease from the Government direct, will command a ready sale at the auction thereof on March 7th, in Auckland. The first Medical Superintendent, Dr. E. Lewis, has gone to live there, and the bath-house, sanatorium, and doctor's residence are nearly built. Therefore invalids and visitors have now medical skilled advice on using the baths, and soon we of North New Zealand will be possessed of a Hydro-thermal Sanatorium unsurpassed in the world. Certainly the *power*

for good or the reverse of these thermal springs is greater than that of the most famous German, French, and American springs of the same generic type. As healers of the sick, we of Auckland expect accurate and copious therapeutic observations from Dr. Lewis, from which we shall be able to guide the patients who require or desire such treatment. I enclose a map of the new township and district for the editor's inspection.

Auckland, February 28th, 1882.

[We are, unfortunately, not able to reproduce the map which our old friend Dr. Murray Moore kindly enclosed with this most interesting paper.—Ed. *H. W.*]

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## Obituary.

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### DR. SHEPHERD.

WE are very sorry to have to announce the death of Dr. Shepherd, formerly and for many years of Clifton. Our able and amiable colleague had been out of harness for some time on account of failing health, and had been travelling to regain it, but latterly he was staying with his son-in-law, an eminent clergyman at Brighton.

Deceased graduated as Doctor of Medicine at the University of Heidelberg in 1858, and will be very greatly missed by a numerous circle of patients who loved him, many of them, as a dear friend.

He died on the 22nd ultimo, just as we were going to press, and hence our notice of our departed colleague is necessarily meagre. He came to London not long since to see his old friend Dr. Black, and, finding that Dr. Black was in France, he elected to be treated by us during his short stay in London, and during this time we were much struck with his sweet disposition and Christian gentleness.

The blow will be terrible to his wife, to whom he was most fondly attached.

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## LITERATURE.

### MATERIA MEDICA PURA.<sup>1</sup>

WE would ask the practitioners of scientific medicine to take special note of the fact that the second and last volume of Hahnemann's *Materia Medica Pura* is now within their reach in almost perfect form and style from the hands of two notable scholars, Drs. Dudgeon and Hughes. The translation proper is by Dr. Dudgeon, and the annotations are by Dr. Hughes. In addition to the pathogeneses themselves, Dr. Dudgeon very aptly gives "Nota bene for My Reviewers," "Examination of the Sources of the Common *Materia Medica*," "A Reminiscence," "The Medical Observer," etc.

We cannot undertake the gigantic task of critically reviewing this great work in its details, but we wish to take the opportunity of expressing our great obligations and gratitude to Dr. Dudgeon for this beautiful translation of the medical material wherewith the master wrought during most of his long and eventful life. The thanks of the profession are also due to the *British Homœopathic Society* for their liberal subsidy towards the costs of printing, and not less to the *Hahnemann Publishing Society* for their having undertaken its publication.

We may be permitted to point out, first, that Dr. Dudgeon did the work of translating without fee or reward—and what an enormous amount of labour! Secondly, that the *Hahnemann Publishing Society* is a private society of physicians devoted to the development of science in therapeutics, and that they are in no sense a trading or commercial company; they do not buy shares and get dividends, but simply club together to publish standard homœopathic works too costly and unremunerative for private enterprise. The work, therefore, performed by the *Hahnemann Publishing Society* is of the highest order and of the first importance for the genuine up-building of scientific Homœopathy.

We make these remarks preliminarily to saying that the two volumes of Hahnemann's *Materia Medica Pura* now lying before us may be had at twenty shillings each volume, or two pounds sterling the two complete. Had they been

<sup>1</sup> *Materia Medica Pura*. By Samuel Hahnemann. Translated from the latest German Editions by R. E. Dudgeon, M.D., with Annotations by Richard Hughes, L.R.C.P.E. Vol. II. *Ledum—Verbascum*.

published in the ordinary way of the book trade, the two volumes must have cost, we should think, five or six pounds; that is by reason of the small sale and the great size of the work, and if the translator had been duly remunerated it must have cost much more.

We hope, then, to have made manifest that this work is practically offered to the profession *at only a fraction of its cost of production.*

In years to come it will most certainly be sold at a premium, so that those who now purchase it will make a good investment—quite apart from its scientific value.

Those desirous of possessing this precious work should apply to Dr. Hayward, honorary secretary to the *Hahnemann Publishing Society*, 117, Grove Street, Liverpool, or it may be obtained through the ordinary channels.

By way of postscript, we may add that the best and cheapest way of securing the work is by becoming a member of the *Hahnemann Publishing Society*, to which end address Dr. Hayward, as above. Only members of the profession are eligible, and we especially recommend ambitious homoeopathic allopaths to procure this work as a good hone whereon to whet their steel.

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## TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THIS is a comely volume of nearly four hundred pages, and neatly bound in black cloth uniformly with the already published Transactions of this noted society.

The remarkable case of leucoma (p. 105) by Dr. J. E. Jones, of West Chester, cured by *Sulphur* 6 and *Graphites* 2x, given upon constitutional symptoms, deserves special attention.

The article on *China officinalis* and *Chininum Sulfuricum*, by Dr. Ad. Lippe, is very instructive. The paper on epilepsy, prepared by a committee composed of Drs. J. C. Morgan, W. C. Goodno, A. Korndoerfer, C. Mohr, and E. A. Farrington, is simply a complete treatise on the subject, together with a narration of many cured cases. This is followed by another on the same subject by Dr. Forinas, entitled, "Epilepsy: Cerebro-Spinal Neurosis."

<sup>1</sup> Transactions of the Homoeopathic Medical Society of the State of Pennsylvania, 1881. Pittsburgh: Eichbaum and Co. 1882.

There are many other articles of considerable interest, as, for instance, that by Dr. J. E. James, entitled, "How can you cure Gonorrhœa?" but we have reached the limits of our space. We consider the volume a valuable addition to any medical library, and a substantial contribution to our mighty literature.

### THE STUDY OF TRANCE.<sup>1</sup>

WE have rarely read so much that is new, important, and interesting in so few pages. Neurologists, psychologists, and practitioners generally will be certainly much interested in the narratives and analyses of facts which they contain.

Some of the facts connected with the detailed history of muscle-reading are here put on permanent record for the first time. There is no moonraking in it, but it is thoroughly sober and scientific, and addressed *ad clerum*.

### CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

#### HEILKUNDE AND HEILKUNST.

SIR,—As I am primarily responsible for the translation of the above words, which you find fault with in your review of Dr. Hughes's *Hahnemann as a Medical Philosopher*, perhaps you will allow me to reply to your criticism.

You say it is "wrong and misleading" to render *Heilkunde* "Medical Doctrine," and that it means medical knowledge or science. *Kunde*, you say, is science in contradistinction to art, for which the word is *Kunst*. In this I think you are mistaken. *Wissenschaft* is the word usually employed to denote "science," in contradistinction to *Kunst*, "art." *Kunde* has the same sense as *Lehre*; thus we say *Sternkunde* or *Sternlehre* indifferently, meaning "astronomy;" *Natur-*

<sup>1</sup> The Study of Trance, Muscle-Reading, and Allied Nervous Phenomena in Europe and America, with a Letter on the Moral Character of Trance Subjects and a Defence of Dr. Charcot. By George M. Beard, A.M., M.D. New York, 1882.

*kunde* or *Naturlehre* to denote "physics" or "natural philosophy." *Lehre* you admit means "doctrine." *Kunde* conveys the same idea; it signifies knowledge imparted, information, instruction; in fact, corresponding (as does *Lehre* also) to our affix "logy." This is evident from its root-word *Kund*, which is always employed in connection with some verb like *geben* or *machen* to express, as it were, information or intelligence imparted. Hahnemann himself used *Heilkunde* and *Heillehre* indifferently to express the same thing. Thus in the preface to the *R. A. M. L.* he talks about "*die homöopathische Heillehre*," "*meine Heillehre*," and his famous essay in the second volume of the *R. A. M. L.* is called "*Geist der homöopathischen Heillehre*."

There may be some subtle difference between *Kunde* and *Lehre* appreciable to Germans, but the difference must be very slight, as those words are used indifferently by them to express an idea which we would render in English by the same word. In fact, as a rule, we would translate *Heilkunde*, *Heillehre*, and *Heilkunst* by the one word "Medicine," though conscious that the two former words imply rather the teaching, whilst the latter signifies rather the practice of medicine.

There seems to be a certain appropriateness in using the word *Heilkunde* when qualified by *rationelle*, rather than *Heilkunst*, for "rational" is more fitly applied to a "doctrine" than to an "art." That Hahnemann might just as well have called his work *Organon der rationellen Heillehre* as *O. d. r. Heilkunde* is evident from this—that he constantly employed the word *Heillehre* to express his reformed medicine, and that he did so for many years after the publication of the *Organon der rationellen Heilkunde*.

The *Geist der homöopathischen Heillehre* itself appeared three years after this edition of the *Organon*.

Other combinations of *Heil* he applies to Homœopathy are *Heilart* and *Heilmethode*. It is remarkable that he never uses the prefix *Heil* when alluding to the old system. It is always *Arzneikunst*, as though it were merely an art of giving medicines, not an act of healing, as *Heil* would imply.

Your obedient servant,

April 13th, 1882.

R. E. DUDGEON.

[The eminent services which Dr. Dudgeon has rendered to Homœopathy, notably as a translator of Hahnemann's works, entitle him to the gratitude of all English-speaking



homœopaths. Withal there are certain finer differences of meaning which Dr. Dudgeon fails, we think, to duly appreciate.

When in our last issue we were reviewing Dr. Hughes's lecture we thought we had to do with Dr. Hughes's rendering of *Heilkunde* and *Heilkunst*, the fact that it is Dr. Dudgeon's does not alter the matter, as we were dealing with the thing, and not with the author. Nevertheless the standpoints of the two gentlemen are somewhat different. Although *Heilkunde* does not mean *medical DOCTRINE* if the word "doctrine" be emphasised, yet a translator may be compelled, from a paucity of terms in our vernacular, to render it thus. So far we are at one with Dr. Dudgeon, submitting nevertheless that the more vague term "medicine" would be better. But if it be maintained that *Heilkunde* means specifically *medical DOCTRINE*, we must decidedly dissent from such a view, because the sense which it conveys is that of *knowing* and not that of *teaching*.

Dr. Dudgeon's assertion that Hahnemann might just as well have called his work *Organon der Rationellen HeilLEHRE* is merely an excursion into the realm of fancy, and as such calls for no further comment.

The fact that Hahnemann sometimes made use of the other terms here quoted by Dr. Dudgeon proves not what Dr. Dudgeon seems to infer, but *the very opposite*. If Hahnemann were making mention of his system *from the doctrinal standpoint* he would, like any other German, call it *HeilLEHRE*; and if he were thinking of it as a method he would naturally use the word *HeilMETHODE*, the same thing being differently termed according to the leading idea present at the time.

Dr. Dudgeon objects to our statement that to translate *HeilkUNDE* as *medical DOCTRINE* "is wrong and misleading." Now this little episode actually *proves* the truth of our assertion, for this mode of translating it *has actually misled* Dr. Hughes, and it must therefore be wrong in our sense.

Dr. Hughes accepted Dr. Dudgeon's rendering of the word *HeilkUNDE* as strictly and specifically accurate, and he thereupon erected an, otherwise, interesting theory, which must fall, because Dr. Dudgeon's rendering was "wrong and misleading," the inaccuracy, however, not being apparent till the word doctrine is emphasised.]

We are not aware that there are any differences of meaning in German words that are so subtle that only a German

can perceive them. However, as this is a fine point, we should like the opinions of others on the subject. What say our Germano-American colleagues?—Ed. H. W.]

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### COMPANION TO THE HOMŒOPATHIC PHARMACOPŒIA.

SIR,—We shall feel obliged if you will allow us to call attention to the paragraph relating to *Spongia* in your remarks on the above.

In the last edition of the Pharmacopœia, under the head of "*Spongia*" (page 239) it clearly states: "Proper forms for dispensing—1x to 3 trituration; 1x and upwards, *tincture*, *pilules*, and *globules*." If the strong tincture should be construed to mean the  $\phi$  preparation, why not instruct the chemist to use  $\phi$  and upwards, tincture, etc. The direction to dispense 1x as the strongest tincture clearly indicates that the drug itself should be considered  $\phi$ . No doubt these peculiarities are very misleading, and we trust the next edition of the Pharmacopœia will be more explicit.

We remain, Sir,

Your obedient servants,

KEENE & ASHWELL.

74, New Bond Street.

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### THE LIVERPOOL HOMŒOPATHIC MEDICO- CHIRURGICAL SOCIETY ON THE L.H.

DEAR SIR,—I am directed to send you the following resolution, which was passed at the meeting of the "Liverpool Homœopathic Medico-Chirurgical Society" on April 6.

"Resolution of the 'Liverpool Homœopathic Medico-Chirurgical Society,' passed at the meeting of the Society on April 6":

"That as the resolution passed by this Society at its last meeting seems to have been misunderstood, it is hereby resolved that we are opposed to any title being conferred by the 'London School of Homœopathy' unless they obtain legal power to grant one."

I am, yours, etc.,

S. H. BLAKE, Hon. Sec.

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## VETERINARY HOMŒOPATHY.

SIR,—The enclosed cutting from the *Hereford Times* (a widely-circulated paper) may interest some of your readers, while it testifies to the widespread lay progress of Homœopathy:—

“MILK FEVER IN COWS.

“*To the Editor of the Hereford Times.*

“SIR,—Your correspondent, ‘A Farmer,’ asks if any of your readers can recommend a remedy for this malady. I have found the following homœopathic medicines, recommended by a gentleman writing to the *Agricultural Gazette* some time ago, to be completely successful in curing it:—Tincture of *Aconite* and of *Belladonna*, ten drops of each in a wineglass of water, given alternately every hour.

“FREDERIC STRATTON.

“Machen Place, Newport, March 22nd, 1882.”

A few years ago my wife amused herself with a dairy of six or eight Alderneys, and my medical skill was frequently appealed to for the ailments of these delicate animals, generally with remarkable success. One pretty creature, a few hours after calving, contrived to wade into the pond. She was led out and carefully rubbed dry, but in a few hours the udder grew large and hardened, and a violent access of milk fever set in. For two days she lay without stirring, the head on the stable floor, eyes closed, coat ruffled all over. *Acon.* and *Bell.* were given every half-hour by turns. At the end of forty-eight hours a little dung was noticed on the straw, soon followed by a large evacuation. She then rose, and made an excellent recovery.

About the same time a white-faced Hereford belonging to one of my patients cropped some meadow saffron (*Colchic. A.*). Violent purging resulted for some hours, attended with exhaustion like death. I gave the heifer a teaspoonful or two of tinc. *Pulsatilla*, as well as brandy-and-water. The poor beast seemed to be dying when the farmer locked up the stable for the night. However, he rose early, and to his surprise and great delight found Colley on her legs and trying to pull a little hay. The fame of this cure made a great noise in the agricultural world around.

The sale of homœopathic medicines has been gradually increasing in this little town, and has now become enormous. Scores of bottles of pilules and of tinctures are sold every week.

And the amateur practitioners are now grown so numerous as to cause one to look at the proposed L.H. just now perplexing our ranks as an important protective duty—protective to the public when it falls sick, and protective to the poor doctor, whose horse is eating his head off in the stall, while simple, yea, unlearned folk, armed with a Ruddock, are working illegal signs and wonders with the craft of witchery.

G. S.

The Chase.

### HOMŒOPATHY AT ST. PETERSBURG.

DEAR SIR,—From my previous communications your readers are aware that in 1870 the homœopaths of this city succeeded in obtaining a new statute, granting them more extended rights, and that their first step was the establishment of a dispensary, in which, subsequently, ten permanent beds were arranged. The dispensary for outdoor patients continues to exist up to the present moment, no doubt producing a great amount of good. The establishment of the beds, however, turned out to be premature, and for want of means it was found necessary to close the wards in 1876. Since then but little was done to forward the true system of medicine until last year, when, through the exertions of a few adherents, and especially through the zeal and activity of a professional convert, Mr. Solovyoff, a new society was founded under the title, "The St. Petersburg Society of Followers of Homœopathy," and General Toorafsky, of the Corps of Engineers, a staunch homœopath, occupying a conspicuous position, was elected president. The chief object of the society is the foundation of a hospital, and with this end in view permission has been obtained to establish a fresh dispensary and to open a pharmacy, the receipts from which, and the profits accruing from the publishing of homœopathic works, together with subscriptions and donations, will, it is hoped, enable them to accumulate the required sum. It is said that the Minister of Interior, Count Ignatieff, who is likewise a devoted adherent of the new system, has promised to interest himself in securing one of the buildings belonging to the dominant school. Thus we have at present two homœopathic societies, although it is not impossible that they will coalesce, which of course could only be of advantage to the cause. It now remains to be seen whether this fresh

stimulus will lead to more substantial and satisfactory results. For the meanwhile we will at least buoy ourselves up with the hope that the devoutly-to-be-wished-for consummation is nearer than blind bigots are disposed to believe.

Believe me, dear Sir, yours sincerely,  
St. Petersburg, Russia, Wm. Hy. Heard.  
February 5th, 1882.

### OPEN LETTER TO DR. BAYES.

DEAR DR. BAYES,—You have asked for my opinion as to the diploma of L. H. This is a wide subject, and till now I have not had time to arrange my thoughts in order. Having read the first four numbers of your "Homœopathic Medical Progress," I am better able to comprehend the situation.

(1) I have not the slightest doubt that what we need beyond everything else is the possession of a college where the art and science of Homœopathy can be taught, with all the accessory teaching (anatomy, chemistry, etc.) which forms a complete curriculum of professional education; and a University to grant the degree of Doctor of Homœopathic Medicine, such degree implying a knowledge of all said collaterals. I have held this view for many years, and what I saw in the United States in 1880 only confirmed it. But our numbers are not yet sufficient to establish such colleges as the Americans possess: till then, therefore, we must be content with a school of teachers in Homœopathy only, leaving the students to acquire a knowledge of the collaterals elsewhere; though our examining board might even now undertake their full duties. I maintain that the title of Homœopathic Physician is one to be proud of, not to be ashamed of; and it seems to me that those who prate about "sectarianism," the "unity of the profession," and openly boast of their desire to see all distinctions between Homœopathy and allopathy abolished, are really ashamed of their colours, and the sooner they leave us the better. Why these physicians should retain their names in the "Homœopathic" Directory (several have withdrawn this year), enroll themselves as members of "Homœopathic" Societies, and yet oppose the possession of a "Homœopathic" diploma, is "one of those things which no fellah can underthand." I do however most strongly object to the diploma of L. H. as a *supplementary* qualification. Homœopathy, and Homœopathy alone, is the

"Science of Therapeutics," and to grant a diploma of L.H., as is now proposed, would be to imply that Homœopathy was not the "Science of Therapeutics," but something tacked on to it like the tail of a kite! *Aut Cæsar, aut nullus* should be our motto here; and if we had our board of examiners complete, and a chartered University, we could grant our degrees without troubling the Allopaths at all. We could of course in such a case accept lectures on extra-homœopathic subjects from other colleges in lieu of our own till we could establish them ourselves, and also accept the allopathic diplomas as releasing from further examination in those subjects.

(2) As a legitimate deduction from these premises you will say, "Why don't you join us?" I reply, *Because I fail to see that the true Homœopathy of Hahnemann is at present taught in the School, and hence conclude that the diploma of L.H., if conferred by that School as at present constituted, will be a misnomer, and lead to fatal errors.* And as, in addition to my degrees in medicine and surgery of the University of London, I possess a degree in Homœopathic medicine, granted by the Homœopathic College of Philadelphia at the very time when every teacher and examiner was a pure Hahnemannian; and as I am a Member, Corresponding Secretary, and indeed one of the Founders of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION—a society composed *exclusively* of strict Homœopaths, into which none can be admitted except by unanimous vote, and which already numbers among its members most of our very best men—I have no need to apply for credentials to the London Homœopathic School, especially seeing that we do not agree on first principles.

(3) You may ask me in what respect does your School fail to teach Homœopathy? In your reply to the 13th Objector you state that the School does not teach "transcendental Hahnemannism," as being "neither Hahnemannic nor Homœopathic;" and in your reply to the 11th Objector you explain your interpretation of "transcendental" by stating that "the high-dilutionists have gone far beyond Hahnemann and his teachings into transcendentalism." Surely you cannot have overlooked Hahnemann's statement in his *Organon*, that *the higher the potency the more rapid and penetrating is the action of the medicine*, thus leading the way into what you call "transcendentalism," approving of it, and absolutely fixing no limit whatever. Surely you cannot be ignorant of the fact, which has been a matter of history for

many years, that Hahnemann did use these "transcendental" potencies when at Paris. And would you be *very* much surprised to hear that the present possessor of the sixth MS. edition of the *Organon* told a friend of mine, who told me, that Hahnemann prepared himself, and used, medicines diluted as high as the FOUR-MILLIONTH centesimal potency? But, putting aside all question of "transcendentalism," let me ask you the following questions, to which I beg an explicit and public answer:—

*First.* Do the lecturers and examiners of the School select their remedies always according to the *symptoms* of the patient, *carefully individualising each case*, or do they not prefer to select the remedy *on pathological grounds*, accepting this method as the *ne plus ultra* of scientific precision, and regretfully resorting to semeiology only as a *dernier ressort* when the pathology of the disease is obscure?

*Second.* Do they always select the *Homœopathic simillimum*, or do they ever resort to such allopathic or antipathic expedients as *swabbing the throat with Nitrate of Silver, etc.*, teaching their class to do the same?

*Third.* Do they always give, and teach their class to always give, the *ONE medicine* which from time to time may be indicated by the totality of the symptoms, especially the most characteristic of them, or do they ever resort to the unscientific and *allopathic* method of *alternation*?

*Fourth.* Do they habitually use, and teach their students to use, even such a potency as Hahnemann chiefly used when he published the fifth edition of his *Organon* in 1833, viz., the thirtieth centesimal; or do they advise their class to habitually use the lower dilutions, such as the *second or third decimal*?

If you will candidly answer these questions we shall all know exactly where we stand.

(3) Finally, let us see if there is not a plan by which we can all work in harmony, justice being done to all. You have more than once written to me that you desire to see all classes of professed homœopaths embraced within the fold of the London School of Homœopathy, but you have taken no steps to effect your desired reconciliation. Now let this be done. Let a law, never to be broken, be passed that the *lecturers on the Institutes of Homœopathy and Materia Medica should invariably be strict Hahnemannians*, provided such can be found to accept the responsibility; and further, that *half of the Examining Board and the Council shall invariably be*

*strict Hahnemannians.* Thus all parties will be represented, and your long-cherished scheme be accomplished by their union; for the shirkers who keep one eye on the Canaan of Homœopathy and the other on the Egypt of Allopathy had better be simply left out in the cold for their dear Old School brethren to take back as "returned goods"—if they will.

If this suggestion of mine be carried out I will not only become a subscriber to the School, but will do my very utmost to develop it and its resources; on the other hand, should the Hahnemannians continue to be practically ostracised, I will have nothing to do with it. My present advice to all *true* Homœopaths is, as it has always been, to have nothing to do with the School till justice is done the Hahnemannians. Whether such justice will be done, or whether we must establish a rival school, with the membership of the *International Hahnemannian Association* as its certificate of competence, rests with yourself.—Yours faithfully,

E. W. BERRIDGE, M.D.

4, Highbury New Park, London, N.,

April 25, 1882.

P.S.—The value of the L.H. or of any similar diploma will depend not only on the professional status of the examiners, but upon those to whom it is granted. Perhaps you are not aware that of those applicants whose names you have published, one advocates the use of a *patent* medicine (!!!) of UNKNOWN composition (!!!!) as the BEST (!!!!!) treatment in a certain disease; while another is not only the prescriber but the proprietor of a patent medicine, which is advertised with his name attached in the penny papers. Will you vote for conferring the diploma of L.H. on these gentlemen?

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## REPORTS OF INSTITUTIONS.

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### THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL,

24, SOUTHWATER ROAD, ST. LEONARDS.

At a meeting held in February, 1881, a resolution was framed based upon the liberal offer of Miss Mirrlees, to start a cottage hospital, for the reception of ophthalmic and acute



medical and surgical cases. Subsequent meetings were held, and it was finally decided to open the Hospital, in temporary premises, at 24, Southwater Road, kindly offered by Miss Mirrlees, rent free.

The opening ceremony took place on Monday, April 11th, the Venerable Archdeacon Huxtable conducting a short and impressive dedication service.

The sincere thanks of the managers are due to the numerous kind friends who have given their generous support to the Institution, both in money and in gifts. Their ready help and encouraging sympathy have materially assisted them in their undertaking. The Hospital contains six beds, and during the nine months that it has been opened 49 cases have received the benefits of the Institution.

40 Cases admitted into the Hospital.

5 Cases admitted for operation, and discharged the same day.

4 Casualty cases treated as out-patients.

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49

Of the 40 in-patients, 11 were males, 29 females; 15 being ophthalmic cases.

29 were discharged cured.

12 were materially benefited.

2 incurable.

1 died.

5 remained in the Hospital at the close of the year.

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49

The average length of stay in the Hospital was 22·67 days, and the cost per patient was £3 13s. The average weekly cost per patient was £1 2s. 9d.

The expenses of the year have been £317 9s. 9½d., the receipts £372 12s. 4d., thus leaving a balance in hand of £55 2s. 6½d. About £130 has been spent in furnishing and fitting up the Hospital.

A plot of land at the junction of the Springfield and London Roads has been generously given by Charles Eversfield, Esq., and it is proposed shortly to erect thereon a suitable building for a cottage hospital.

An account has been opened at the London and County Bank, Hastings, for the Building Fund, towards which £1,210 has been already promised. Contributions to this fund may be paid direct to the bank or to the treasurer.

Subscriptions for the year 1882 are now due, and will be

gladly received by the treasurer, Miss Mirrlees, 66, Warrior Square, St. Léonarda.

We congratulate Mr. Knox Shaw, the honorary medical officer, on this brilliant beginning.

## LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the month ending March 16th, 1882, gives the following statistics:—

Remaining in Hospital February 16th, 1882 .....	40
Admitted between that date and March 16th .....	35
	75
Discharged between February 16th and March 16th ...	30
Remaining in Hospital March 16th .....	45

The number of new out-patients during the above time has been 644. The total number of out-patients' attendances for the same period has been 2,154.

We are requested to draw attention to the want of patients to fill the seventy-one beds—or a large proportion of them, at all events—which, by the recent alterations carried out in conjunction with the rebuilding of the outer east wall, are now in all respects well adapted for the reception of cases. Prior to those alterations, although nominally about a similar number of beds were available, one ward at least was so ill-adapted for the purpose that it was rarely used. Now every ward in the hospital is in a high state of efficiency, and it only remains for our *confrères*, whether London or country, to send in eligible cases. We are informed that fifty-five can be treated at a time if the income of the hospital remains at its present standard, and there is reason to hope that it may increase rather than diminish.

## REPORTS OF THE LIVERPOOL HOMŒOPATHIC DISPENSARIES.

THE Committee of the Liverpool Homœopathic Dispensaries present their fortieth annual report to the subscribers and the public.

The numbers attending the two Dispensaries during the past year were as follows:—

*At Hardman Street.*

In-door attendances	...	...	...	...	25,632
Visited at their own homes	...	...	...	...	6,028

*At Roscommon Street.*

In-door attendances...	...	...	...	...	25,987
Visited at their own homes	...	...	...	...	7,480

or a weekly average of 1,252 65,125

The Committee have much gratification in announcing in this the fortieth annual report, that never in their history were the Dispensaries in more efficient working order than at present; and they congratulate the subscribers on the constantly increasing interest in Homœopathy manifested by the profession as well as by the public. The number of sick poor applying for relief is enormous, as shown by the statistics tabulated above.

During the past year it was deemed desirable to increase the medical staff by the appointment of a fifth paid medical officer, as without such addition it was found impossible to satisfactorily keep pace with the increasing demands from the poor to be visited at their own homes. The city is now carefully divided into five districts, and one district apportioned to each medical officer, and in this manner the homes of all within the parliamentary boundary are visited when necessary.

Additional work, however, requires additional income; and while thanking the subscribers for their assistance in the past, and asking their continued support, they would urge upon all who have derived benefit from homœopathic treatment to aid the charity by becoming subscribers. It is by annual subscriptions that such institutions are chiefly sustained, and the Committee desire to see their subscription list much extended, and subscriptions, however small, will be much appreciated.

The financial statement shows that a considerable sum of money has been expended during the past year in painting, papering, etc. For the preservation of the property this had become a positive necessity, but could not have been undertaken out of the income of the charity, and the Committee are grateful for special funds which have been provided for this purpose.

A legacy of £200 has been received from the executors of the late Mrs. Fortune, and of this sum it was thought desirable to devote £139 6s. for the renewal of the Corporation lease (twenty years of the old lease being expired) to the

full term of seventy-five years, dating from the 5th day of November last.

The Committee again gratefully acknowledge the valuable assistance rendered from the Hospital Sunday Fund, without which aid the usefulness of the charity must be greatly curtailed.

Donations and subscriptions will be received by the Bankers, Messrs. Heywood and Sons, Brunswick Street; the Honorary Treasurer, J. J. Edgar, 3, Upper Duke Street; the Honorary Secretary, S. J. Capper, 55, Bold Street, or any member of the Committee.

### *The Annual Meeting.*

The annual meeting of the subscribers and friends of the Liverpool Homœopathic Dispensaries was held on Thursday, the 26th January, 1882, at the Town Hall. The Mayor (Mr. John Hughes) presided, and amongst those present were Drs. Drysdale, Moore, Hayward, J. Hayward, Hawkes, Williams, Mahony, Hudson, Gilbert, Finlay, and Proctor; and Messrs. Alexander Eccles, J. J. Banning, Joshua Siddeley, John Siddeley, J. J. Edgar (honorary treasurer), S. J. Capper (honorary secretary), J. T. Ellerbeck, T. Haddock, George Atkin, I. C. Thompson, etc.

A letter of apology for non-attendance was read from Mr. Henry Tate, late chairman.

Another letter was read from Mr. Alfred Castellain, the chairman of the Committee, regretting a slight indisposition preventing his being present and taking a part in the proceedings.

The honorary secretary, Mr. Capper, then read the annual report and financial statement.

Mr. Alexander Eccles, in moving that "The report and financial statement as read be adopted, and that they be printed and circulated among the subscribers," expressed his deep regret at the absence of Mr. Castellain (chairman of the Committee), who would have undertaken the duty of proposing that resolution. It was worthy of observation in connection with the progress of the homœopathic dispensaries during the past year, that they had done a maximum of good with a minimum of expenditure. No fewer than 65,000 people have been relieved in this large city at the small cost of something less than £1,000. He thought that no other institution of the kind could boast of similar success. Another feature of the report which struck him forcibly was

the very great appreciation of the Dispensaries shown by the poor. They evidently valued homœopathic treatment. Sixty-five thousand people was an enormous number to be relieved under one system, and when he noticed that so many had applied at the Dispensaries, he could not help thinking that if the homœopathic relief were carried further, the population of the city would be great gainers. He was not sanguine that, at present, funds could be raised for the erection of a homœopathic hospital in Liverpool. That must be a question of time. But in the meantime the homœopathists could fairly claim to have wards appropriated to them in the existing hospitals of the city. There would be nothing unreasonable in making an application to that effect. It would, no doubt, provoke a vast amount of opposition on the part of their allopathic friends; but he thought that, with the figures in this report before them, they could not resist it. The supporters of Allopathy could not allege that this was a young institution; it had now been in existence forty years, and it was more prosperous at the present time than ever it had been. He thought that some pressure ought to be brought to bear on the managers of the hospitals in the city with that object. It was a matter for deep regret that this and similar institutions in Liverpool were in want of funds. A glance at the subscription lists of the various charitable institutions in the city showed that the subscribers were confined to a very small number of individuals. It was much to be regretted that greater numbers did not do something to aid these various charities. The increasing usefulness of the homœopathic dispensaries necessarily entailed additional expenditure, and he sincerely hoped, therefore, that before the next report many more persons would be induced to become subscribers.

Mr. George Atkin, as a supporter of the Institution and a firm believer in Homœopathy, had great pleasure in seconding the resolution. It was very satisfactory to him to observe that the usefulness of the Institution was greater than ever. When it was considered that 65,000 attendances have been made during the past year, for a sum much below £1,000, he thought it must be admitted that a great amount of good had been done for a very small expenditure of money. He concurred in the opinion which had been expressed, that it was desirable to extend the operation of the homœopathic dispensaries still further to the crowded parts of the city, where, he had no doubt, they would be very largely availed of. To

give effect to this suggestion, greater funds would be required, and he therefore cordially approved of the recommendation that an urgent appeal should be made for increased funds.

The motion was then put and carried unanimously.

Dr. Drysdale then moved the Committee of Management for the ensuing year. He thought the Committee were deserving of hearty thanks for their past services. Many of them had given great time and trouble to the management of the Institution, and he expressed a hope that they would again undertake the duty.

Dr. Hayward cordially seconded the motion. As a medical officer of the Homœopathic Dispensaries for nearly a quarter of a century, he could bear testimony to the self-sacrificing services of the gentlemen who formed the Committee. He found that the medical officers were very much indebted to the Committee, who had the control of the charity which conferred such benefit upon the poor of the city.

The motion was adopted unanimously.

Mr. J. J. Banning moved a vote of thanks to the honorary physicians and medical officers of the Dispensaries. He was sure that, taking into account the enormous number of attendances mentioned in the report, they must have incurred very considerable labour in the performance of their duties. He approved of the suggestion to promote the erection of a homœopathic hospital. As an instance of what might be done in that direction, he mentioned that in Southport there existed a small homœopathic hospital with which he was connected, which had now been in existence for twenty years. At that institution about 1,400 children had been treated, and the expenses were met partly by the children's payments, the remainder being obtained from annual subscribers to the extent of £372, as shown by last year's report. They had now a very commodious building, fitted with all appliances for the treatment of children, and the institution had had a prosperous career. He might mention that of the subscriptions a very small portion came from Liverpool; the institution was almost entirely supported by subscriptions in Southport alone. He thought it was extraordinary that a hospital of a similar kind had not been provided in Liverpool, where the means were so extensive.

Mr. John Siddeley, in seconding the motion, remarked that there was a very large district at the south end of Liverpool in which the homœopathic dispensaries did nothing, and he thought that that ground should be covered before they

thought of erecting a homœopathic hospital, which would involve a large expenditure of money and a great amount of trouble. He hoped that before the next annual meeting steps would be taken to establish a homœopathic dispensary at the south end—somewhere in Park Road, or, at all events, in the Toxteth district. Such a suggestion, if carried into effect, would entail more work upon the medical officers, but he did not think they would begrudge their time and trouble.

The resolution was then put and carried unanimously.

On the motion of Dr. Hudson, a vote of thanks was accorded to the Mayor for having presided over the meeting.

The Mayor, in reply, said:—Gentlemen,—My duties have been of a very light character. I have been rather anticipated in the observations I had intended to make by the remarks which have fallen from previous speakers. There is no doubt that the leading feature of your report is the large amount of work, and work amongst the poorer classes of the city, which has been done at such a trifling expense. I don't think there is any institution in the city which can compare so favourably with you in this respect. During the time that I have had the honour of filling the office which I now hold, it has always been a source of great gratification to me to take part in any movement, not only in aid of such an Institution as this, but any movement which has for its object the amelioration of the sufferings of the labouring classes of our city.

The proceedings were then brought to a close.

[Thus is Homœopathy "going to the dogs" in Liverpool.—*Ed. H. W.*]

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## PROPHYLAXIS OF HYDROPHOBIA.

GALLIER has made some experiments by injecting the saliva of a dog suffering from rabies into the veins of animals, and has found that hydrophobia is thereby prevented, while the subcutaneous injection produced the disease. Hitherto exact experiments have been made on sheep and goats, and also some on dogs.

Gallier feels himself already justified in asserting that the *intravenous injection, a day or two after the bite, or after the subcutaneous injection of the poison, will prevent the outbreak of hydrophobia.*—"L. C." in *Allgemeine Hom. Zeitung ex Lo Sperimentale*, No. 9, 1881.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. USSHER, WANDSWORTH.—We are quite aware that you have not left Wandsworth. Your "Notes by the Way" are in type.

SILEX, LEOMINSTER.—There is only one way of becoming a regular homœopathic practitioner, and that is by studying medicine in the usual way at a recognised school, and then qualifying according to law. We hope to see the establishment of a College of Homœopathic Physicians and Surgeons, with full powers as a licensing body, but in the meantime this is only a *pium desiderium*. We recommend you to procure a little book called "*Via Medica*," which will give you all needful information. The London School of Homœopathy afford instruction in Homœopathy, but no legal status; in fact they put the cart before the horse, and do not seem to perceive that progress is thus *impossible*. Real homœopathic medical progress has only been made

where the professional homœopaths have been able to give a legal qualification. Professionalism denies this simple fact, but fact it is nevertheless. The "L. H." was a right beginning, but it has been strangled by its own godfather.

"MEDIOUS."—We must submit to you that there is a wide difference between an anonymous burlesque, however clever, and outbursts of passion in the defence of a righteous cause.

EDITOR OF "POST MAGAZINE."—Many thanks.

DR. REGINALD JONES, BIRKENHEAD.—Your paper is marked for insertion.

MR. W. F. P. SMITH, SUNDERLAND.—Your letter will appear shortly.

DR. EDWARD BLAKE, LONDON.—Your paper has been crushed out.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; Dr. Murray Moore, Auckland, New Zealand; Dr. Ussher Wandsworth; Dr. Reginald Jones, Birkenhead; Dr. Maffey, Bradford; the Hon. Sec. of Liverpool Homœopathic Medico-Chirurgical Society; Dr. John H. Clarke, London; Mr. T. L. Ashwell, London; Dr. Edward Blake, London; "Medicus;" Mr. Fleetwood P. Smith, Sunderland; Dr. Strong, Ross; Dr. Hastings, Ryde, Isle of Wight; Dr. Proctor, Birkenhead; Dr. Ransford, Upper Sydenham;



Dr. Dudgeon, London; Dr.  
Theodor Kafka, Karlsbad.

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### The Homœopathic World.

#### CONTENTS OF APRIL NUMBER.

##### LEADING AND GENERAL ARTICLES:—

The Lamson Case.

A Complicated Case, with Dropsy—  
Cured.

A New Homœopathic Editor.

Cases of Skin Disease Treated in the  
London Homœopathic Hospital.

Blamarch a Homœopath.

On White Swellings of the Joints and  
their Homœopathic Treatment.

How Archbishop Whately became a  
Homœopath.

Notes by the Way.

Rattlesnake Poison.

Pharmacological Fragments.

Another Case of Euthanasia.

Veterinary Homœopathy.

Proving of Variolium.

Umsa Barbata in Headache.

Renal Calculi.

Homœopathy v. Allopathy.

##### LITERATURE:—

The Human Ear and its Diseases.

Hahnemann as a Medical Philosopher.

The Ophthalmoscope.

Companion to the British Homœopathic

Pharmacopœia of 1876.

##### CORRESPONDENCE:—

Dr. Bertrige on the Law of Similars.

Dr. Neville Wood on Vaccination.

Syphilis communicated by Vaccination.

Qui s'excuse, s'accuse.

Dr. Skinner's Polemics.

Dr. Burnett and the L.H.

##### REPORTS OF INSTITUTIONS:—

The Bath Homœopathic Hospital.

Hastings and St. Leonards Homœo-  
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Pope.

Programme of the Société Française  
d'Hygiène.

SHORT NOTES, ANSWERS TO CORRESPON-  
DENTS, ETC.

# THE HOMŒOPATHIC WORLD.

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JUNE 1, 1882.

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## THE PARASITIC ORIGIN OF CONSUMPTION.

GIVEN a disease, it is a most difficult matter to determine what is its essentiality. In the march of modern medicine the microscope is appealed to for help the most frequently, and, no matter what the disease may be, the answer is—bacteria, micrococci, microbes, bacilli. The latest discovery is the bacillus of tubercle by Koch. Koch sends a copy of the journal in which he announced his discovery to Professor Tyndall, and then, of course, it goes to the *Times*, and now all the world is in a flutter. The thing is accepted straight away, and the one cause of consumption is the *bacillus tuberculosis Kochii*. Of course, the next step is to kill these bacilli, and your consumptive patients are forthwith cured.

By a parity of reasoning the worms that are found in our decaying bodies as soon as life has fled a few hours are the cause of—decay. And the way to obviate decay is to kill the worms.

Let it not be supposed that we deny the importance for practical medicine of microscopic research, or that we would speak disparagingly of any new discovery in positive pathology, but the various crazes that seize upon the medical and chiralurgical world from time to time are really ridiculous except to surface observers.

There are germs everywhere, awaiting suitable hosts, and as soon as these are given they develop straight away. The bacilli of Koch may be a constant factor in tuberculosis, they *may* be its essential cause, but sufficient proof of this is as yet not forthcoming. We have attended very many cases of consumption in all stages, and must have inhaled untold numbers of these organisms. Why have we not been infected? Simply because we are not an appropriate host for them. This question of the parasitic origin of consumption simply brings us back face to face with the old difficulties in regard to the

nature of those diseases of which parasites are an accompaniment. Ague is now said to be also a parasitic disease, simply because certain organisms have caused aguish attacks. But common table-salt will also cause aguish attacks in certain individuals. It is fortunate that just as the glory of antiseptics in surgery has begun to wane a new era of antiseptics in medicine has dawned, and that in the very nick of time to prevent any fall in the price of carbolic.

## PHARMACOLOGICAL FRAGMENTS.

### Rhododendron Chrys.

Miss ——— says, "My pain began in the temple, and seemed to go down the jaw to the chin; it was a very sharp, acute pain, and would go from one temple to the other, worse by moving about and even speaking, also from any cold application." 1x pilules promptly relieved.

I have given it with benefit to nervous persons afraid of storms, especially thunder; orchitis of *left side*, swelling large, smooth, hard, old-standing, rapidly cured. This case was preceded by hydrocele, which was a recent addition and was first cured by same remedy in 1x pilules.

DR. USSHER.

## TO THE RHODODENDRON.

By a GRATEFUL NEURALGIC PATIENT.

I DARE not woo thee in an English rhyme,  
Thou sweetest flower of summer's earliest youth,  
For on thy tender bud of hues sublime  
Have learned men bestowed a name uncouth.  
They should have called thee "Roseate Tree," in sooth.  
But yet a drop from out thy glowing breast  
Hath healed the wound of pain's remorseless tooth,  
And given me promise sure of joyful rest,  
Oh, bud of heaven on earth! by God's own finger blest!

Soft was the touch that formed thee; yet what power,  
What wisdom, what deep love, thy leaves enshrine!  
Thou mercy-laden blossom, most sweet flower,  
Thou art a precious pledge of truth divine;  
For in the keen wind though our bodies pine,  
Yet sunbeams mingle balsam, oh how rare!  
In thy rich chalice; to our hearts a sign  
That He who made the world so wondrous fair  
Will o'er our welfare watch, with Father's fondest care.

A. S.

Our eminent colleague, Dr. Pope, has very generously sent us his *Lecture* on this remedy delivered at the London School of Homœopathy, and, as it constitutes a very considerable "Pharmacological Fragment," it follows by itself.

For our next number we name *Aralia racemosa*.

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## ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *RHODODENDRON*.

By ALFRED C. POPE, M.D., Lecturer on Materia Medica at, and Honorary Secretary to, the London School of Homœopathy.

THE editor of the *Homœopathic World* having in the May number of that journal requested contributions on *Rhododendron*, I have thought that the substance of a lecture on this drug, delivered by me at the London School of Homœopathy during last session, might possibly prove useful.

The *Rhododendron Chrysanthum*, or Siberian rose, belonging to the N. O. Ericacæ, is a native of the highest mountains of Siberia and Mount Caucasus, and is also found in Kamtschatka. The dried leaves and the flower buds, collected when well developed, but as yet unopened, are the parts used in medicine for the preparation of a tincture.

As a therapeutic agent the Siberian rose was not unfrequently used, especially in Germany, in gout and rheumatism, towards the end of the last century. A proving of it by Dr. Seidel, together with a number of observations collected from writers on *Materia Medica* during the 18th century, forms one of Stapf's *Additions to the Materia Medica*. These, with a more recent proving by Dr. Lembke, of Riga, constitute the materials out of which the article on this drug in Allen's *Encyclopædia of Materia Medica* has been compiled.

*Rhododendron* gives rise to a febrile paroxysm of a remittent type; a certain degree of delirium; a headache of a peculiar character; catarrh which affects the eyes, nose, and mouth; and a dyspepsia. The most marked conditions it excites are, however, a well-defined form of rheumatism, and also of orchitis and epididymitis.

We will examine these points in detail.

Dr. Henke, who assisted Dr. Seidel in the series of experiments which first made *Rhododendron* available as a therapeutic agent for the scientific physician, experienced the following febrile paroxysm, which he ascribed to the drug he had taken:—

"A paroxysm of fever set in at 6 p.m., attended by great heat about the head, with cold feet and an absence of thirst; intolerable headache with pressure from within outwards, burning in the eyes, dryness, and a burning hot sensation in the nose when taking a deep inspiration; a feeling of debility, and a bruised pain in all the limbs; weariness of mind; a restless, almost sleepless night, owing to vivid dreams and dry heat of the body; towards morning he slumbered a little; during his slumber a general sweat broke out which alleviated his sufferings." He adds that he had never passed such a night in his life. A similar paroxysm occurred on each of the two following evenings, but in a lesser degree.

We have here as characteristic features of the fever *Rhododendron* will in a large dose excite, and in one much smaller relieve—an evening paroxysm, hot head, and cold feet, headache, absence of thirst, heat and dryness of mucous surface, a weak and bruised feeling in the muscles throughout the body, great restlessness and sleeplessness, the whole terminating in perspiration.

Other portions of the proving of this drug render it probable that it will be useful where a person who has suffered from intermittent in years gone by is liable to returns of the paroxysm, accompanied by rheumatism, in wet and windy weather. To the influence of storms of wind and rain and to cold the person under the influence of *Rhododendron* is peculiarly susceptible—"almost all the symptoms reappear in rough weather," is the testimony of one prover, and it is a piece of evidence repeated by nearly all. It also induces great muscular weakness, and a bruised sensation throughout the body, with drawing and jerking pains in the joints.

Some of the older writers describe a form of delirium as being provoked by *Rhododendron*; this, with the kind of headache to which it gives rise, deserves notice.

The delirium is marked by frightful visions, irritability, the head is tossed about, the limbs stagger; finally, sleep supervenes, during which startings marked by terror are frequent.

The headache is one of vertigo with confusion; the head feels "wild and confused." Further, this *Rhododendron* vertigo is worse in bed, worse when lying down, and *disappears* on motion—a very unusual circumstance with vertigo, but nevertheless a condition that is met with in practice, and one therefore that it is well to be provided against. Another practical point worth remembering in connection with

*Rhododendron* is, that the headache is much increased by wine. The condition produced is described by some as a sort of intoxication with loss of sense. Another head symptom which gives a useful hint to a prescriber now and again, is a "heating pain in the forehead, with pressure, as if everything would come out there, going off by rest." The character of the pain is usually aching, tearing and boring, shooting, and confusive. It occupies the forehead and occiput chiefly, but is felt in other portions also.

These symptoms point to a form of headache more frequently noticed in rheumatic subjects than in others.

Catarrhal symptoms are manifest in the eyes, nose, and mouth.

The eyes are weak, dry, and burning, and the sight is rendered dim. The lids are swollen, red, and agglutinated, a sensational pressure like sand in the internal canthus is noticed, and a good deal of lachrymation—a sticking pain in the right eyeball, which was compared to a redhot needle darting through it, was noticed by Wahl.

Here again the symptoms are chiefly such are met with in rheumatic subjects. Drs. Allen and Norton<sup>1</sup> state that they have seen benefit derived from the use of *Rhododendron* in insufficiency of the internal recti muscles. One case reported by them is very characteristic of the form of ophthalmia which will be relieved by *Rhododendron*. It is as follows: "A man æt. 40 complained of a gradual failure of sight, accompanied by periodically recurring pains of the most violent character involving the eyeball, extending to the orbit and head, always worse at the approach of a storm, and ameliorated when the storm broke out. The patient had a strongly marked rheumatic diathesis, and general good health. The pupils were somewhat sluggish and dilated. Vision was improved by glasses. The ability to use the eye was greatly relieved by convex 36, and afterwards by convex 24, but the attacks of pain continued to recur, and his vision suffered sensible impairment from every attack of pain. These were promptly relieved by *Rhododendron*, so that within six months he was entirely relieved of the attacks, and his vision also materially improved."

Again, the presence of a state of catarrh is shown by the nasal symptoms. Here we find violent sneezing with fluent coryza; in other cases the nose feels stopped. Henke describes amongst his symptoms "the stoppage of the left

<sup>1</sup> "Ophthalmic Therapeutics." New York: Boericke and Tafel.

half of the nose, near the root, worse in the morning before rising; during the day the stoppage of the left nostril alternates with that of the right, but the nose was never closed completely." The same symptom was observed several times by other provers. Further, the sense of smell is diminished, as is also that of taste.

The influence of cold is seen yet again in the mouth. Toothache is an especially prominent symptom. Pains are felt in all the teeth at once or in single teeth, especially during damp weather, and before a storm. Helbig, who took fairly considerable doses of the tincture, observed that the approach of a thunderstorm, or of cloudy and windy weather, was always preceded by a pain partaking of the character of drawing and aching in the teeth; the thunderstorm set in in one or two, and the cloudy and rainy weather in several hours after the toothache; the pain generally commenced in the ear. On another occasion Helbig had pain in the left lower jaw and teeth, accompanied by otalgia during the whole night; the right side of the head was affected in a similar manner, but less violently; pressure seemed now to relieve, now to increase the pain; the warmth of the bed had no influence upon it.

The toothache relieved by *Rhododendron* is one also that is mitigated for a time by taking food.

The late Dr. Hirschel, of Dresden, in the *Neue Zeitsch. f. Hom. Klinik*, gives the following case, which illustrates the action of *Rhododendron* in toothache. I quote it from a translation given in the *British Journal of Homœopathy*, vol. xxvii. p. 149:—

"Baron H——, a Hungarian nobleman, had suffered for a long time from faceache of the most violent description. It spread over the right side of the face from the teeth, and especially the gums, and radiated over mouth, eyes, and ears; was equally violent day and night, when moving or when at rest, aggravated by wind and changes of weather, ameliorated by warmth. The pains were of the following kind: drawing, tearing, jerking. It was remarkable that the pain quite went off for some time when eating and soon afterwards. There were no other complications. The patient was slender, delicately framed, of sensitive constitution otherwise healthy. He had formerly frequently suffered from similar pains in spring and autumn, but never of such violence nor so long continued as this winter (February) when he put himself under my care. He had long been

under the care of an excellent homœopathic doctor in Vienna, but had derived no benefit. As he had several carious teeth, and his evidently rheumatic neuralgia was ascribed to their presence, he had had them extracted, but without any good effect; and so he came here with the same pains he had suffered from in Vienna. I remembered an observation of Dr. von Villers with respect to this remedy to the following effect: '*Rhod. crys.* is useful in toothaches caused by a chill which bear heat better than cold, especially when the pains go off suddenly and completely when eating, and recur two or three hours thereafter.' My patient's pain, which was located more in the face than the teeth, had nothing pointing to *Rhododendron* except this characteristic condition. I immediately prescribed the 1st dec. dil., two drops night and morning. After the first dose he had a quiet night (the first for many weeks), and the third day of using the medicine all pain was gone. In Noack and Trinks we find, under *Rhododendron*, the following symptom:—"Violent drawing pain in the teeth and lower jaw of the right side removed by eating."

To recur, the gums ache and are swollen, the tongue has a greenish coating, and there is a prickling sensation in it. The cavity of the mouth is hot and dry. The secretion of saliva is sour and increased in amount. Taste is lost—all things taste alike—or it is perverted and is sour or putrid. The throat is rough and dry, and a sense of scraping pervades the fauces, with burning and tightness therein. Appetite is diminished; thirst is increased. Empty eructations are frequent; nausea is considerable. From large doses vomiting ensues; there is some dull aching pain in the epigastrium, and still more marked is pressure in the same region. Flatulence distends the abdomen; pinching pain in the abdomen is followed by a slight diarrhœa. The character of the diarrhœa produced by *Rhododendron* is worth remembering. The stool is loose and yellowish, but sluggish, and expelled with much pressing, and is felt to be insufficient; there is a sensation as if some fœces remained behind. There is a degree of spasm in the rectum, as if flatus had become incarcerated, which appears to necessitate pressure to evacuate fœces even though they are loose.

These symptoms all reflect a catarrhal state of the mucous membrane of the mouth, stomach, and intestines. It is indeed comparatively slight, but is nevertheless clearly marked, and you will meet with both catarrhal dyspepsia



and diarrhœa, to which *Rhododendron* corresponds. A dyspepsia of which atony is the characteristic feature; and a diarrhœa set up markedly by wet weather.

This catarrhal state, this impressionability to the influence of atmospheric disturbance, is still more pronounced in the rheumatic-like pains which pervade the muscles of the chest, back, and extremities.

The muscles of the chest feel bruised and sprained and become very sensitive to pressure. The neck is stiff; the muscles of the outer side thereof feel tight and swollen. The back, shoulders, and arms are painful early in the morning when rising, the pain is digging and drawing, disturbs sleep, and is accompanied by a bruised pain throughout the body. The pain below the scapulæ is stiff, aching, and hinders motion. The lumbar region aches, the aching being worse when resting and relieved by movement. There is a well-marked bruised sensation in the small of the back, which is increased by sitting or resting, is rendered intolerable by stooping, and was noticed to be especially violent during rainy weather.

The arms are weak and tremulous. The whole of the right arm is painful—it gives the sensation of dislocation, of powerlessness, rendering holding anything difficult. The right shoulder-joint is the seat of tearing pains, especially felt during the night and in the early morning. In one instance a violent tearing burning pain was noticed in the left shoulder-joint with falling asleep of the arm, and with a prickling sensation in the tips of fingers. Aching pains, as after much exertion, occupy the upper arm. Both elbow-joints are the seats of drawing and tearing pain; a similar pain is felt in the forearm, chiefly noticed at night. In the wrist and joints of the fingers the rheumatic-like pains of *Rhododendron* are more marked than they are in any other part. The pain in the wrist is described as resembling that of a sprain, it is increased by movement in nearly all instances; in only two cases, of the many recorded, where this kind of pain was noticed, is it stated to have been felt only when at rest. The influence of rough and wet weather is also observed here as aggravating it. The wrist and hand feel weak and weary, and there is some puffiness of the fingers. In the metacarpal joints there are darting and jerking pains; the fingers are moved with difficulty and pain. The lower limbs are weak, heavy, and tremulous. The hip-joint feels bruised and sprained. In the morning the thighs

ache and feel unrefreshed. The knees feel weak. Pain in them also resembles that of a sprain. Pain in the tibiæ is described as boring and heating. The malleoli are painful, especially the malleolus externus. The tarsal and metatarsal joints are also painful. There is a sense of tingling and numbness in the feet.

These cases all suggest that *Rhododendron* sets up a condition similar to that of rheumatism or rheumatic gout. Let me briefly mention the characteristic features of the cases to which it will be found homœopathic. *First* of all, there is throughout a tendency to aggravation by a rough, moist atmosphere. *Secondly*, the pains are bruised-like, or resemble sprains. *Thirdly*, there is an exhaustion of nerve-power, as seen in the tremulousness of the extremities, the numbness, weakness, and semi-paralysed condition they present.

Then again the lumbago is worse after sitting or lying down, and is particularly felt in the morning.

Further, while there is a great deal of bruised-like pain in the muscles, the joints are much more affected, and of all joints, the shoulders, the wrist, and the hip are those which are most painful. Finally, the bones of the leg are particularly painful, and hence *Rhododendron* has been a good deal used in periosteal rheumatism, and with success.

Such conditions as those given will frequently be met with in cases of sub-acute rheumatic arthritis.

Lastly, *Rhododendron* produces a condition resembling orchitis and epididymitis. This was especially marked in the provings instituted by Dr. Seidel. The swelling was great and painful, and lasted for several days; there was also great tenderness to the touch. The pain was like that of a bruise, and was felt first in one then in the other testicle. The pain extended upwards through the abdomen to the stomach. It is worthy of note, too, that one person, who had for several years suffered from chronic orchitis, was completely cured by his experiments.

The pure tincture and the 1st and 2d dec. dilutions are the preparations which have been most generally useful.

The pain extended upwards through the abdomen to the stomach.

21, Henrietta Street, Cavendish Square, W.

## CASES FROM PRACTICE.

By Dr. REGINALD JONES.

Chronic Ulcer cured by *Kali Bich.* 3.

JOHN R.—, a stoker on a large steamer, consulted me on the 6th February, suffering from a very painful ulcer on the inside of the right leg. The history was as follows:—It began ten years ago close to the inner malleolus, and since then has gradually been extending upwards, until the day on which I first saw him, in spite of treatment of various kinds both here and in New York. When I first saw it it was about eight inches long, and two inches and three-quarters wide at its upper part. In parts, however, the width would not exceed an inch and a half. Its direction was diagonally upwards. The edges were callous, and to a certain extent overhanging, the base dark red and unhealthy-looking; the depth about three-sixteenths of an inch, perhaps a quarter of an inch; the discharge a dirty grey colour and thick; the pain burning, stinging, worse on walking about; patient complained of it being very severe. I could not get any specific history, and there was nothing to point to varicosis as the origin. The patient is a strong, healthy-looking man, and not an intemperate liver by any means. Taking everything into consideration—viz., the overhanging edges, the burning pain, and the possibility, at any rate, of its being specific, I prescribed *Kali Bic.* 3, two pilules every four hours, and also ordered him to apply a lotion consisting of ten drops of *Kali Bic.* 3 to one-half a tumblerful of water three or four times a day.

February 14.—Ulcer much better, granulations of a healthy character forming. Pain very much less. Rep.

The patient did not call again till the 4th April, when he put in an appearance to inform me that he had been going on steadily with the treatment, and was now quite well, and had been so for three weeks. I examined the part, and had the pleasure of being assisted in my investigation by an allopathic surgeon, who went away, if not a sadder, at least a wiser man. The ulcer had entirely disappeared. What I want specially to call attention to is this—that I made no alterations in the man's mode of living. He continued work as formerly, and although he applied the lotion made with the *millionth* of a grain of *Kali Bic.*, yet no one can raise the objection that it was the *water-dressing*, and not the contained *Kali Bic.*, that did the trick, because the patient had

used water-dressings for years. And if our allopathic friends account for the cure on the plea that the man was not taking *any* medicine, and therefore it was the *vis medicatrix* that did the work (and this is an argument often used—this, or “Oh, it was the crisis”)—then the plain inference is that the drugs given to this poor fellow by the practitioners of *scientific medicine* positively prevented his getting well, and kept him for years in pain.

Here is another nut for allopathic cracking, a mere filbert.

Agnes B—, aged twelve years: ganglion of right wrist of two years' standing. Has been under treatment for a length of time—*she* said at the Borough Hospital. Perhaps so.

August, 12, 1878.—*Bryonia* 3 ter die.

August 19.—No change. Prescribed *Ruta* 3, pilules, two every four hours.

August 26.—Ganglion completely disappeared, not a trace of it left. S. L.

And yet another, rather more than a filbert this time. I was called in on the 14th February to see Miss M—, aged sixty years, who was suffering from a swelling in left antihelix, large, smooth, and elastic, also swelling of left foot. I simply prescribed *Arsenicum* 3, as she seemed in a low condition, and punctured the tumour, leaving word to send down if patient was any worse. On 21st February I was again sent for, and found the ear better, but the left foot was much swollen, painful and dark red, three of the toes suppurating (the little one very bad) and the two remaining ones threatening suppuration. Patient seemed very low, so I ordered her to bed, hot linseed poultices to be applied every four hours, plenty of nourishment, *Secale C*, 3x gtt. v. every three hours, and *China* φ, gtt. v. om. n., and as I felt sure I had a case of senile gangrene to combat I gave a very guarded prognosis.

The following was the line of treatment:—February 23. Not so well. Rept. 24th. Foot very deep red, toes almost black. *Rhus* 3x, *Secale* 3x, gtt. v. every hour and a half. Rep. *China* φ om. n. Poultice as before. 27th. Little toe almost off, foot not so red, very offensive coffee-ground discharge. Apply warm carbolic lotion 1 in 40, and rept. *Rhus* and *Secale* 3x and *China* om. n. To have a bottle of porter every day. 28th. Improving, but yet the toes are very bad, little one gone, the others appear to be going. Rept. March 1. Improved, discharge less, toes cleaner, appetite good;

*Secale* (solus) 3x, gtt v., *China* φ as before. 4th. Very great improvement, redness all gone from foot, toes much healthier looking. Rept. 7th. Great improvement, stump of little toe almost healed, the others look much better. To dress with Ol. Carbol. 1 in 40. Rept. *Secale* and *China*. From this time until the 27th March, when she had quite recovered, the progress was most satisfactory, and the treatment as already recorded, and thus what at one time threatened to be a most dangerous, if not fatal case of senile gangrene, gave way to the beneficent treatment of Homœopathy.

Hamilton Square, Birkenhead, March, 1882.

## DOMESTIC HYGIENE.

By EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S.,

Life Associate of the Sanitary Institute of Great Britain, *Membre Associé*  
Etranger de la Société Française d'Hygiène.

### IV.—HOW TO DISINFECT A HOUSE.

#### APPENDIX.

#### *On Smoke Abatement and Pest Destruction.*

THIS fourth and last paper will be chiefly devoted to the consideration of some simple precautions which should be observed to prevent the needless spread of infectious disease. That there is no sound basis for the view commonly held, that these terrible scourges must be tolerated, is the opinion of most of those who have made a special study of "catching complaints." On the contrary, it is held by them that zymotic diseases represent so much needless misery.

#### *On the Registration of Infectious Disease.*

There is a strong feeling in the minds of sanitarians that the registration of infectious disease should be made compulsory. Such a law has existed since 1865 in Holland; householder and medical attendant are both compelled to report. It is certainly a very invidious duty to impose on the latter, a duty for which he ought indeed to be fairly and fully remunerated.

There is no ground for doubting that such a measure would tend enormously to diminish the amount of infectious disease. Were it rigorously and generally enforced, whooping-

cough, small-pox, measles, and scarlatina might be literally "stamped out" of existence.

It is palpably difficult in the range of one small paper to give directions for disinfecting which shall be at once appropriate to all diseases, which shall be suitable both for rich and poor in town and country. If some apparent contradictions present themselves in the following pages, it should be remembered that those pages are written in such a way as to include classes widely separated both socially and circumstantially.

### *On Disinfection.<sup>1</sup>*

The following suggestions for preventing the spread of infectious diseases, such as small-pox, scarlatina, diphtheria, enteric fever, typhus fever, and cholera, are slightly modified from those issued by the Society of Medical Officers of Health.

When either of these diseases break out in a house, if the sick person is not removed to a hospital, the following precautions should be observed :—

1. Early notice should be given to the Inspector of Nuisances, and the patient should, if possible, be at once placed in a separate room at the top of the house, *from* which all curtains and carpets have been removed, and *into* which no one, except the nurse, should be admitted. The hair should be cut close, but it is not right to send for the hairdresser to do this. This duty should be performed by the nurse, and the hair should be immediately burned. It should not be forgotten that dogs, cats, birds, and other pets may be the means of carrying contagion.

2. The nurse should not wear a woollen dress; she should be scrupulously clean, and should wash her hands in water containing some disinfectant (a teaspoonful of Condy's Fluid), and burn a little sulphur before leaving the sick-room.

3. The ventilation of the sick-room should be carefully attended to by frequently opening the windows; this may be safely done during the coldest weather by temporarily covering the patient, burning a little brimstone beforehand.

4. In all cases of small-pox, scarlatina, or typhus fever, a sheet should be hung up outside the door of the sick-room, so as to cover the entire doorway, and be kept constantly

<sup>1</sup> Sewage Poisoning: How to Avoid it in the Simplest Way. By Edward T. Blake, M.D., M.R.C.S., Mem. French Hyg. Soc., Assoc. Brit. Sanit. Inst.

wetted with a solution of carbolic acid (a wineglassful to the gallon of water). This will keep other parts of the house free from infection.

5. All *discharges* from the mouth or bowels should be received into a vessel containing some strong *disinfectant*, and, if there be a garden, should be quickly buried in the earth. They should not be thrown into any closet or drain, nor buried near a well or a watercourse.

6. All bed and body linen, as soon as it is removed from the patient, and all soiled towels, etc., should be thrown into water containing some carbolic acid (a wineglassful to the gallon), BEFORE they are taken from the room.

7. Small pieces of rag should be used instead of pocket-handkerchiefs for wiping the mouth and nose, and each piece should be burnt after being once used; it is not right to send linen from an infected house to a laundress.

8. All foul closets, drains, cesspools, ditches, ashpits, and pigsties should be cleansed and deodorised with a solution of green vitriol (1lb. to the gallon of water). The ventilation of the house-drains and the proper "trapping" and "disconnection" of all pipes discharging into them, should also be seen to.

9. All cisterns, wells, and other receptacles for *drinking-water* should be examined, and, if necessary, cleaned out, so that no impure water be drunk. It is a good plan also to boil and filter all water before drinking it.

10. All the children in the house should be withdrawn from any school which they may be attending, and the friends ought to avoid public assemblies and the use of hired conveyances.<sup>1</sup>

11. The patient should not return to the family, nor go out of doors, until the medical attendant give permission.

N.B.—Persons are liable to heavy penalties, if they expose themselves in any street, or public place or conveyance, while suffering from infectious disease.

12. No child who has had an infectious disease should be allowed to re-enter a school without a certificate from the medical attendant, stating that he can do so without risk to the other scholars.

13. After the illness has ceased the house should be carefully cleansed and *disinfected*. (See below.)

14. In the event of death, the body should be kept in the

<sup>1</sup> In the London parishes the use of a public ambulance may be obtained by writing to the Inspector of Nuisances.

same room, and without delay be placed in the coffin, sprinkled with a disinfecting powder (Calvert's or M'Dougal's), and buried forthwith.

15. The great preventive of SMALL-POX is *Vaccination*. All children are required by Act of Parliament to be vaccinated. Heavy penalties are imposed for neglect, and will be stringently enforced by the sanitary authority. Persons should be *revaccinated* after twelve years of age. "Pitting" may be often avoided by keeping the exposed parts painted with the following solution:—Carbolic acid ten grains, charcoal powder one drachm, rubbed well with glycerine one ounce.

16. In cases of SCARLATINA, some carbolised oil should be rubbed over the surface of the body, including the scalp, every day after hot sponging, till the skin has done peeling, and the patient should then have a few hot baths, with carbolic soap. In scarlatina and diphtheria it is especially necessary that the throat be daily disinfected by spray or gargle.

When any of these diseases are prevalent in any district, the precautions specified in paragraphs 8 and 9 should be taken by *all* householders in that locality.

Disinfectants are supplied gratis to the poor on application to the Inspector of Nuisances.

#### *How to Disinfect a House or Sick-room after Infectious Disease.*

1. All articles that will wash should be steeped for twenty-four hours in water containing, per gallon, about two table-spoonfuls of the common clear solution of chloride of lime, or a wineglassful of carbolic acid (Calvert's No. 5), and be then boiled and washed.

2. Mattresses and woollen articles which cannot be boiled should be sent to a hot-air disinfecting chamber,<sup>1</sup> if one exists in the neighbourhood; otherwise they should be freely sprinkled with Calvert's Disinfecting Powder, and fumigated with sulphur in the sick-room, and then exposed to the air and sun.

3. The infected room should be fumigated with sulphur in the following manner:—The windows, doors, fireplace, and all apertures should be closed, and  $\frac{1}{4}$  lb. of sulphur should be put into an iron pot or earthenware saucer, supported by a pair of tongs over a pail of water, and be set fire to with a

<sup>1</sup> The parish in many places undertakes this duty for the necessitous poor.



few live coals. The room should remain closed for six or eight hours, and should then be well ventilated and cleansed. The walls and ceilings should be washed with solution of carbolic acid or chloride of lime, and then limewhitened. If there are any papers on the walls, they must be stripped off and burnt.

4. All rags and infected articles of small value should be burnt.

Here let me say a word about some moderate care as to the introduction of new disease into a dwelling-house. Whilst mere fidgetiness and that ludicrous terror which engenders panic cannot be too deeply deprecated, yet some moderate precautions against needless evils can never be amiss.

Kingsley, in his remarkable work "Alton Locke," has shown the world how hideous disease may be transported from the fever dens of the poor to the dwellings of the wealthy. There is a growing custom amongst tailors and dressmakers of suffering piecework to be done at home by poor sempstresses. Thus a riding-habit, ball-dress, or an overcoat may be used over-night to cover a sufferer tossing with fever, and the next day may become the means of sowing broadcast the deadly germs of disease.

Oriental rugs and carpets may spread disorders peculiar to the East. There is little doubt that many mysterious cases of disease-dissemination may be explained by the power that domestic pets possess of carrying infection in their coats.

Butter and milk are prone to convey diphtheria and scarlatina. In the latter the germs may be destroyed by boiling, which also prevents the milk from turning sour in hot weather. There is ground for fearing that consumption may be conveyed from a tubercular cow, not by any means a rarity, to a healthy child by the use of its milk—another reason why it should be boiled, especially for children. An argument for the vegetarians is that both infection and parasites may be introduced by butcher's meat—a sufficiently cogent reason why it should be well cooked.

### *Pest Destruction.*

The more irritating insect parasites may all be exterminated by producing chlorine gas in a closed room. This is done by mixing four tablespoonfuls of common table salt with

two tablespoons of black oxide of manganese in an old basin, then pouring upon them two tablespoons of oil of vitriol. The rooms should be locked up for six hours, as the gas is detrimental to the lungs.

A tallow candle wrapped in paper and laid between stored blankets or furs is a capital way of excluding moth.

### GENERAL SANITARY MAXIMS.

#### *Ventilation.*

1. Cold sewer gas is probably heavier than atmospheric air.

2. Hot sewer gas is lighter than cold air.

3. Sewer gas is "drawn up" by a heated house, and *carried up* by heated air.

4. Sewer gas is *pushed up* by displacement, as during a thunderstorm.

5. Bell-traps and bends are of no use without ventilation to keep out sewer gas; bell-traps being frequently forced, siphons being subject to so-called "suction."

6. Siphons also are prone, especially by night, to absorb sewer gas, and to deliver it, during a rise of temperature, on the opposite side towards the house.

7. Siphons should be set full of water without spilling; this is better than any kind of level.

8. Bends and siphons should be avoided, if possible, inside a house, from their proneness to frost fracture and filth retention.

9. Air-flushing is as important as water-flushing, therefore all systems of piping should be open, if possible, *at both ends*.

10. No pipe, excepting soil-pipe and ventilator, should, under any circumstances, have any immediate communication with the sewage system.

#### *Convection.*

11. Sewer pipes should consist of glazed stoneware, terracotta, or of some such non-absorbent, non-metallic mineral, except where there are growing roots, where iron with few joints is preferable.

12. If ordinary stack-piping be used for making a ventilating shaft, the joints should be turned upside down; but screw-joints are the best, they do not drop.

13. It is not a good plan to support a ventilating shaft by means of the trunk of a tree, as the waving of the tree loosens the joints. If unavoidable use lead piping.

14. The pipes should be socketed with *Stanford's Patent Joint* (Doulton and Co.), or at least with cemented joints, caulked or propped inside, to prevent dropping of one end. Clay-puddle joints are quite inadmissible; they let gas and sewage out and let sand in; this often leads to dropping of adjacent coal-gas pipes and consequent escape of gas.

15. Lead and brickwork are bad for traps, sewers, or for water convection.

16. Fall of house-sewers should not be less than  $1\frac{1}{2}$  inches to every 10 feet, or 1 in 80; but 2 inches to 10 feet is preferable, or 1 in 60.

17. All new house-sewers *should be laid under the immediate supervision of the sanitary authority*; certainly, all connections should be made by them; these should remain open till cement is dry, then tested for leakages by filling with water.

18. Every kind of pipe should be readily accessible.

19. Soil-pipes should be outside the house, and open at both ends.

20. In towns back sewers are to be advocated; no public sewage system is safe without man-holes, and the more the better.

21. On no account should any kind of drain or sewer pass under a house; if inevitable, an arch should be turned over each pipe wherever it may pierce a wall.

22. Most house-sewers are too large; the larger the pipe the slower the flow, and the greater the space for accumulation of foul gases; most drain-pipes [water conduits] are too small.

23. It is better that storm-water should not be carried by the same system of pipes as sewage.

24. When water-conduits travel with sewer-pipes, the former should lie on a higher plane.

25. It is better not to employ lead for water convection, especially if any free acid exist in the water.

27. It is better not to employ lead at all inside a house.<sup>1</sup>

<sup>1</sup> The author knew a family to be seriously injured by a workman's leaving a pound of white-lead in a drinking cistern by mistake. Lead has also been known to be introduced into the body by tea and ham wrappings; by impure treacle; by holding an inch-tape in the mouth; by systematically getting "the first glass" from a beer-engine; by pewter taps of soda and seltzogene apparatus; by house paint and floor-cloths.

28. Drainage-pipes should not be carried near a house in friable soils.

29. If there be rats in a house, there is certainly something wrong with the sewage-system.

*Storage.*

30. All tanks and cisterns should be readily accessible.

31. Lead should not be used for storage of drinking or of cooking water.<sup>1</sup>

32. The best tanks for water-storage are slant-sided (to lessen risk of frost-fracture), and composed of slate, of glazed stoneware, of terra-cotta, or of iron enamelled or galvanised; these should always be open to light and air; a waved-glass covering with wired sides to exclude mice, etc., is useful.<sup>1</sup>

33. Both up and down (supply and service) pipes should be emptied during frosty nights; the cistern itself should be emptied during severe frost.

34. Closet-cistern water is unfit for drinking purposes.

35. All tanks and cisterns should be cleaned out four times a year; lead cisterns whenever used require scrubbing with a soft brush and hot Condé water once a month.

36. *Filters.*—Best filters are those which can be seen at work. Atkins's (62, Fleet Street) carbon block in glass is good. Unglazed porous ware of Chelsea Filtering Company, Church Road, Battersea, are cool in hot weather. Blocks should be exposed to pure air during part of each day, and should be baked once a week. Spongy iron is the best for cistern use. Every kind should be examined by the maker at least every six months.

37. Shallow wells should be railed in to exclude animals which deposit ova of tapeworm and of other parasites.

38. All wells should be cemented inside, and surrounded by a water-tight wall to exclude surface-water, etc.

39. Wells are objectionable in porous formations, and only tolerable in virgin soils.

40. All cesspools should be made water-tight by puddling, and be built in cement and rendered so inside.

41. Ingress-pipes should, unless ventilated, be at base of cess.

42. Cesses should be ventilated at highest point.

<sup>1</sup> Buck's Percolator [T. Wolstencroft, 53, Blackfriars Road; Saxby and Farmer, Canterbury Road, Kilburn] rejects bad and stores good rain-water.

43. In country houses<sup>1</sup> cess should be emptied daily from lowest point by chain-pump.

44. Cesses should be as far as possible from wells, and never on a higher level.

*Site, etc.*

45. Let no person rent a house without a certificate of its sanitary condition from the Medical Officer of Health.

46. Every house should have its bath with hot as well as cold water readily attainable. Mr. Stevens Hellyer, in his work entitled "The Plumber and Sanitary Houses" (Batsford, 52, High Holborn), shows how a cottage hot-and-cold bath may be fitted up in the kitchen at a minimum cost of £10. This would raise the weekly rent, say by 2d., but what a comfort to a poor overtaxed mother when "tubbing" her children on Saturday night! On washing-days it would be invaluable as a soaking or a rinsing-tub.

47. No building to be erected on any site which has been filled up with material impregnated with faecal matter or with any animal or vegetable refuse.

48. The whole ground surface or site of every new dwelling-house should be properly asphalted or covered with a layer of good cement concrete at least six inches thick (to keep down rising damp).

49. Every wall of every house should have a continuous course of air-bricks, surmounted by a proper damp-proof course of either glazed stoneware or terra-cotta air-tiles, sheet-lead, asphalt, or slates laid in cement, beneath the lowest timbers, and not less than six inches above the ground adjoining such wall.

50. A "dry area," not drained into the soil system, should be constructed round every house where there are rooms in the basement.

51. The subsoil of the site of every house should be drained with earthenware open-jointed field-pipes whenever the dampness of the site renders this precaution necessary. Such pipes not to communicate *directly* with any cesspool or sewer, but by means of a ventilated disconnecting trap.<sup>1</sup>

<sup>1</sup> In country houses why have a cesspool at all! Let the house-sewer discharge on a distant grid, and the liquid parts be directed at once into fertilising channels. Thus all risk of decomposition from retention is done away with.

<sup>2</sup> The great necessity for draining the subsoil of most house sites was first pointed out by Mr. W. Eassie, C.E., of London.

Finally, it should always be borne in mind that the Alpha and Omega of sanitation is **SIMPLICITY**.

### *Nuisances.*

Now that so many methods have been described by which health may be impaired, let me say a word as to how the householder should set to work to get them rectified.

If he is annoyed by a nuisance in his house or its vicinity, he should at once send a letter making complaint, addressed to the Inspector of Nuisances, merely writing underneath the name of his village, parish, or district. Should that functionary fail to perform his duty a similar communication should be forwarded to the Medical Officer of Health.

Both are compelled by law to attend<sup>1</sup> without fee. When the inspection has been made, should an error of *construction*<sup>2</sup> be detected, the landlord is answerable.<sup>3</sup> Should it prove to be a fault of *condition*, the tenant must himself see to it.

### *Smoke Abatement.*

There are other aerial enemies to be encountered besides sewer air and watery vapour. In the fore-front of these stand coal gas and carbonic acid and the other well-known products of combustion.

From the former electricity bids fair ere long to free us; from the latter we may be to a varying extent protected by various methods of ventilation, to some of which we have already alluded.

Besides the above injurious vapours there is a product of partial combustion, not indeed so directly noxious, yet still extremely detrimental to man and his surroundings. I refer, of course, to coal smoke. The possibility of abolishing, or at the least of abating this very serious nuisance, has latterly received a great deal of attention from both scientific and practical men. Various contrivances have been devised for providing us with heat without smoke; and we who dwell in the metropolis have had recently a very good opportunity of judging as to the respective merits of those contrivances.

<sup>1</sup> "Public Health Act," 1875: Regulations of Loc. Gov. Board; App. G., Urb. San. Insp. (Duties), sect. iii., cl. 4, p. 613; App. G., Urb. Med. Off. Health (Duties), sect. iv., cl. 7, p. 608.

<sup>2</sup> Ibid., Part III of "Nuisances," parag. 94, p. 75, 8th ed., by Glen, 1876. Knight and Co., 90, Fleet Street.

<sup>3</sup> Unless the tenant has specially contracted himself out of the benefit of the Public Health Acts.

They may be said to consist chiefly of two kinds.

First. Methods for compelling a smoke-producing fire to consume its own smoke.

Second. Expedients for giving heat without smoke.

There are various methods for compelling the fire to consume its own smoke. A simple smoke-consuming grate, not very elegant, but suitable for schools, cottages, and stables, is that of Galton. Another exhibitor puts his fresh coal into a hidden tray ranged level with the base of the grate. After being heated the new coal is thrust under the old, and the smoke passing up through the live coal is consumed on the road. Mr. Thompson, and also Mr. Holland, put the new coal under the fire, the former by lifting the grate up bodily. The "Phœbus,"<sup>1</sup> invented by Edward Kaulbach, C.E., is an elegant casket of open wrought-iron work, suspended on sliding rails. This casket is opened, new coal put in, and then it is inverted, thus causing the smoke to pass through the live coal.

Captain Clarke, by a down draught, drives the smoke downwards through the fire, thence to ascend through a lateral flue.

Perhaps the most curious contrivance exhibited at Kensington was the self-feeding anthracite grate, which the inventors thereof, Messrs. Archibald, Smith, and Stephens,<sup>2</sup> have named the "Wonderful." It burns six hours without attention. It will also burn common coal or coke.

The expedients for affording a smokeless heat were mainly of three sorts.

First. Coal gas, usually mingled with atmospheric air previous to combustion. This is known as Bunsen's method; it considerably increases the heat-giving property of the gas in two ways—first by diminishing its illuminating power, and then yielding heat in place of what would have been useless as light; second, by burning the atmospheric air as well as gas. Dr. Bond's Euthermic is a capital gas stove. Probably the best is "Adams's," made by Harvie.<sup>3</sup> It supplies what a stove should supply—large quantities of air at a moderate heat; there is no appreciable loss by way of the flue. Certainly the most feasible, practical, and economic smokeless fire is that of Siemens. In it coke is ignited by means of coal gas, and then fed by heated air. It is lighted

<sup>1</sup> Alfred Thrower, 125, Gray's Inn Road, W.C.

<sup>2</sup> 48, Leicester Square.

<sup>3</sup> 222, Broomielaw, Glasgow.

instantaneously. It has none of the offensive odour of an asbestos fire. It requires no skilled labour, and is very simple.

Second. Rock oil (paraffin), or some similar inflammable liquid, is employed in various ways.

Third. The ordinary bituminous coal is replaced by "Glance" or "Blind Coal" (anthracite), a hard mineral, consisting of nearly pure carbon, which burns slowly, emitting considerable heat without flame or smoke.

An excellent plan, said to be as old as the time of Evelyn, who suggested it to King Charles II., is to remove a portion of the tar from the coal, leaving it bright, but comparatively smokeless.

Where light and glare<sup>1</sup> are undesirable this coal has many advantages, besides the no mean recommendation of yielding no smoke.

That it is most suitable for stoves is partly shown by its great consumption in the States. That it will ever be popular as fuel in this country is open to serious doubt; it would deprive us of two inestimable privileges—first, that of making a sensation in the fireplace, even if we cannot do so in society; and, second, the truly British joy of making ourselves a nuisance to our neighbours, even if we suffer a little in the process.

Any one who has wintered in Paris will appreciate the advantages of wood fires as regards cheerfulness and beauty. The visitor to a manufacturing city in America, whilst gazing at the clusters of tall chimneys, will have been struck with the lovely clearness of the air, owing to the exclusive use of glance coal.

The cure of the smoke nuisance must, like charity, commence at home. Were we all to educate our servants to rake forward the old coal before putting on fresh there would be very little smoke to complain of.

\*.\* "On the subject of disinfectants, the reader is referred to 'Disinfectants and How to Use Them,' by Dr. Edward Wilson, of Cheltenham. The directions are printed upon cards, which are sold in packets of twelve for 1s.,

<sup>1</sup> Anthracite is invaluable in the sick-room for many reasons. In the first place there is no smoke to irritate the air passages of the patient, or, what is nearly as bad, those of the nurse; no sudden glare to disturb the all-too-light slumber of the sick; no flickering demon-dances depicted on the ceiling, to insure against a second snatch of much-needed sleep! Half a dozen sugar bags may be filled with portions of glance the size of an egg; the fire having been gently raked forward by means of a piece of firewood or a wooden shovel, much more noiseless than the ordinary poker, a bag is placed at the back as it is needed.



published by Mr. Lewis, 136, Gower Street. These cards should be in the possession of all medical practitioners, clergymen, and others whose duty and desire it is to prevent as much as possible the spread of contagious diseases." —From Dr. Lionel Beale's work on *Disease Germs*. 1872, p. 298.

For an admirable *résumé* of the grave but unsuspected perils which lurk in and around our dwellings, the reader is referred to an excellent work by Dr. Pridgin Teale, "Dangers to Health." Churchill.

For distribution among the working class the "Health Lectures for the People," 1d. each, put forth by the Manchester Sanitary Association (Heywood, 18, Paternoster Square), and "Advice to Cottagers," by the Reigate Rural Sanitary Inspector (Infield, 160, Fleet Street), are exceedingly well suited.

## HOMŒOPATHY IN AUSTRO-HUNGARY.

By Dr. THEODOR KAFKA.

HOMŒOPATHY is not in such a bad state in Austria as it was represented to be at the International Convention, 1882, in London. If we have lost one hospital at Sechshaus, a suburb of Vienna, we have won another, namely, the Vienna Homœopathic Children's Hospital, founded by the late Dr. Chevalier de Lebenswarth, Physician in Ordinary to the late Archduke John of Austria. I have seen it; it is well built, well ventilated; there is every comfort for the little patients. The chief physician of this hospital is Dr. Huber; assistant physician, Dr. Klauber. The two other homœopathic hospitals are the well-known ones at Gumpendorf (Dr. Rossivall, the successor of the late Fleischmann) and at Leopoldstadt (Dr. Carl Würstl, the successor of Drs. Wurmb and Eidherr).

At Baden, near Vienna, is also a homœopathic hospital of the sisters of mercy (Dr. Kosak).

At Linz, the capital of Upper Austria, is a renowned homœopathic hospital these many years. The successor of the celebrated Dr. Reiss is Dr. Fischer.

In Bohemia there is only one homœopathic hospital, at Brünn, not far from Teplitz; the head physician to it is Dr. Sieglens. In this town the "Stadtphysicus" (physician to the town and court of justice), appointed by the municipality, is a homœopath, namely, Dr. Carl Müller. The magistrate of this small town is very favourable to Homœopathy, as may be seen from the fact that he has converted the town hospital, which was previously allopathic, into a homœopathic one.

In Hungary we name first the three hospitals at Buda-Pesth,

the capital of this kingdom—1, the homœopathic division in the Hospital of St. Roche, under Prof. Dr. Bakody, who there gives every day lectures on homœopathic clinique and therapy; 2, the "Bethesda," the hospital of the Reformed Church, under Prof. Bakody and Dr. Lippner; and 3, the Elizabethinum, a private hospital founded by the Hungarian aristocracy, under the care of Dr. Roland Hausmann, son of the late celebrated Professor of Homœopathy, Hausmann.

At Gyöngyös, a large town in Hungary, the town hospital for citizens and soldiers is also homœopathic. The head physician of this large establishment is Dr. Chevalier Hopnerde Vezekenyi.

The number of homœopathic physicians in Austro-Hungary has also augmented. There are now homœopathic practitioners in towns where before there had never been a partisan of the Hahnemannian system; for instance, at Reichenberg, at Friedland, at Tachau, in Bohemia, and at Steyer, Upper Austria.

Marktplatz, "Zum Marktbrunn," Carlsbad,  
April 11, 1882.

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### A HOMŒOPATHIC DEPUTY.

WE have often wished that one or two of our British homœopathic practitioners could gain a seat in the House of Commons. We have plenty of lay homœopaths in the House, but they do not feel it to be their province to go out of their way to procure fair play for Homœopathy. They appear to manage these matters better in Spain, for we learn that our colleague, Dr. Zoilo Perez, editor of *El Criterio Medico*, has just been elected to the Spanish Cortes.

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### HOMŒOPATHIC HOSPITAL FOR CHILDREN IN PORTUGAL.

WE are pleased to be able to record that Dr. Antonio-Augusto de Mello is about to found a homœopathic hospital for children at Porto. It will bear the name of Her Majesty the Queen of Portugal, *Maria Pia*. The collected funds already amount to 25,000 francs, and the scheme has received the official sanction of the Portuguese Government. We offer our congratulations to Dr. de Mello, and hope his

work will be crowned with much success. The *Lancet* had better not copy this notice; it might be unwelcome news to its readers, who live in a fool's paradise.

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### MEMORIAL TO A PHYSICIAN'S WIFE.

WE learn from a paragraph in a Bournemouth newspaper that through the exertions of three ladies, the Countess Cairns, Mrs. Hull (Ecclesburn), and Mrs. Snell (Windlesham), the sum of £607 9s. has been collected to endow permanently a bed in the Hahnemann Convalescent Home at Bournemouth, in memory of the late Mrs. Nankivell, who had always shown herself deeply interested in the temporal and spiritual welfare of its inmates. The money will be invested in the names of three or more of the trustees of the Home, and the income derived will form part of its revenue in perpetuity. The power of nominating to this endowed bed will be vested for his life with Dr. Nankivell, who has signified to the kind donors his most grateful acceptance of their proposals and his deep appreciation of the suitability of the memorial.

Thus the good still live and do good even after they have gone on before. This act of Lady Cairns and of her friends is indeed pleasing, and as fragrant as the flowers around us.

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### TONSILLITIS.

By C. RANSFORD, M.D., F.R.C.P., L.R.C.S.

A COMMUNICATION from Dr. F. P. Atkinson, M.D., appears in the *Lancet* of the 18th ult. It is called "*Salicylate of Soda* in the Treatment of Acute Tonsillitis," and is a critique on Dr. Routh's treatment of the same disease. Dr. Atkinson's treatment may have been successful, and no doubt was so, but it is a troublesome treatment. It so happens that a servant of my own was attacked with quinsy in 1851. *Aconite* and *Baryta Carb.* cured her in twelve hours. This was one of the cases which helped on my conversion to Homœopathy in 1857.

At a meeting of the Homœopathic Association of Western Germany, held at Dortmund on 29th July, 1852, under the presidency of Dr. von Bönninghausen, Dr. Stens thought *Baryta Carb.* an excellent remedy. My servant, whose case

I have narrated, was usually laid up for a week. To her surprise and joy, twelve hours was the duration under *Baryta Carb.* and *Aconite*. On the 26th August, 1851, I was called to a young lady in the country who was suffering in the ordinary way. As there was profuse secretion of saliva and the lining membrane most extensively affected, I ordered *Belladonna* and *Mercurius* every hour alternately. The following morning a messenger came early for me, requesting immediate attendance, as her friends feared suffocation. I found her unable to swallow; liquids taken into the mouth were ejected through the nostrils. I gave *Baryta* 12 alone; relief was afforded within twelve hours. In January, 1853, a young female servant in a family who were my patients complained of the usual symptoms of quinsy, at the same time comforting her mistress with the information that she was subject to this kind of sore throat, and that once she was ill for six weeks with it. I was asked to prescribe for her, and gave her *Baryta Carb.* 12 every four hours. She was at her work the next day. The last instance, amongst others, of the efficacy of *Baryta Carb.* in tonsillitis with which I shall trouble you is more important, inasmuch as the subject of it was under the care of an allopathic surgeon, but his father, so soon as he heard of his son's illness, requested that I might be substituted for the gentleman first called. The case was one of the ordinary description, threatening suppuration. The patient's distress was considerable, being unable to swallow even liquids without difficulty. He had supped upon *Hydrarg. c. Cretâ*, and would have had a black draught for breakfast had I not been called in. From circumstances connected with the household I gave the friends a homily upon the superiority of homœopathic treatment, produced my tube of *Baryta Carb.*, and ventured to predict a speedy favourable result from its administration. The next day my patient thanked me warmly for the change in his state, expressing his astonishment at the benefit produced by such apparently insignificant means. I requested him to inform the surgeon of the name of the medicine which I used. I afterwards learned that he had done so, but the only response was *that they had medicines enough already, and did not want any new ones*, my rejoinder to which sage remark was that he (the surgeon) ought to use the rail, and not travel by the stage waggon. Such cases as the foregoing, being simply patent to all observers, tend to produce a powerful impression upon both patient and bystanders, and

I often smile at the indignation expressed by grateful patients when they contrast the two systems, and the results more than compensate for the pretty names which our amiable and faultless opponents so liberally bestow upon us. If your readers will refer to Dr. Richard Hughes's excellent work on Pharmacodynamics, they will see under the head of *Baryta Carbonica* his own decidedly favourable opinion of this invaluable remedy. Just a word upon the 12th dilution—why I constantly recommend this 12th dilution of *Baryta*. In 1851, when I began to study and practise Homœopathy, I wrote to the late Mr. Henry Turner, of Manchester, for medicines and books. In the case of globules which he sent to me I found a tube labelled, "*Baryta Carb. 12.*" With this I had the successful results before narrated. Afterwards I requested him to send me *Baryta Carb. trit. 3.* With this the results were simply *nil*.

Studying attentively the important question of dilution, I arrived at the conclusion—that all the less soluble preparations, especially the mineral ones, require more trituration and more dilution than the others. This opinion I still hold, and am perfectly sure that dynamisation is correct, else why should *Natrum Muriat.* have such powerful effects as it undoubtedly has, whilst the same as table-salt is inert? The whole question of dilution and dynamisation is one to be settled by experience, and experience alone.

55, Kirkdale, Upper Sydenham, S.E.

## NOTES BY THE WAY.

By Dr. USSHER.

### A Fearful Fall.

Mrs. M——, who next June, if she lives so long, will be eighty-three, had recovered from gout, though still having a painful hand, and was able to go her usual round of the house. She thought that giddiness seized and caused her to fall downstairs. Her head came in contact with the sharp edge of the mahogany seat, cutting the scalp clean through from front to back, as thoroughly down to the pericranial investment as a knife could have done. She bled much. Fortunately, one of our local medical men was passing, and

<sup>1</sup> Vide Dr. Burnett's important communication on *Natrum Muriat.*

he came in, bound her up, and got her upstairs, where I found another doctor stitching her scalp. The loss of blood caused her to wander in her mind, but it may have saved her a fit, as she is of a large full-blooded habit. Cold water was kept to the wound, and the upright condition maintained. The face and mouth were also cut by the fall. Both the doctors thought she would die, and the prospect was not a very bright one for so aged a patient, with fatty heart, bronchitis, gout, double cataract; her pulse was failing, and she had brandy-and-water on the spot—most wisely too. I then gave her *China* 3x every hour from about noon to seven or eight o'clock. Her face was horribly blackened, but at my next visit in a few hours she was calm.

It was no pleasing addition to the prospect that she had on former occasions had erysipelas. Putting all these things together, I gave *Bellad.* and *Arnica* 3x each every alternate three hours, beginning at 7 p.m. She had an excellent night. A lotion of *Calendula* healed the wound splendidly, and the stitches were removed on the third morning. It is worth being a homœopath with any amount of scorn when such remedies give you a triumph in five days. The wound is firm, and there is no uneasiness save a stiffness of the neck, and cough, with some loose râles, for which *Arnica* 3x and *Bry.* 3x in alternation every four hours are given. Her pulse is getting fairly up, and she takes nourishment. Although the lotion is discontinued, a soft padding of lint, and a head bandage to restrain any disturbance of parts, are applied.

The soothing nature of her remedies left nothing to be desired, and her sleep was as satisfying and tranquil under *Bell.* 3x as if an opiate was given. In the torpid congestions of old people as well as in vertigo, *Arnica* in the 3x has rendered me good service again and again; and of this fact I am sure, that *Arnica* 3x is bearable to myself, but *Arnica* 12 gives me a violent headache, relieved only by olfaction of the camphor bottle. We can well see how *Arnica* could comfort the old lady after such a muscular strain as she must have had. She always carries a good medicine about with her—the happiest of tempers, and to all who wait on her the act is one of pleasure. She is no stranger to falls, for twenty years back she made a similar descent of a staircase, and bears the mark of it to this day. Her cough has been troublesome, and she is a little feverish, not having slept so well. Continue *Bry.* 3x alone. The thought forces

itself upon me, Was the loss of blood of service to this lady? Dr. Kidd states in his book that certain cases would have perished without immediate use of the lancet, and it is plain that he does not look upon *Aconite* as taking its place. I was lately in communication with an allopathic gentleman of large experience in connection with one of our best and oldest insurance offices. The conversation turned on the utility of bleeding, his view according with Dr. Kidd's regarding apoplectic seizures. He had seen them fall down as if shot, and recover at once after bleeding. Does the temporary withdrawal of blood, say to six or seven ounces, prevent extravasation of blood, or limit a rent once made? The question is one that might be opened up with advantage. In the course of twenty-four years it has fallen to my lot to draw blood three times with benefit. This was in allopathic days, but the force of the sequel is still fresh to me. No. 1. Acute scarlet fever, with mania. He had taken James's Powder with no benefit, until blood was drawn; then he perspired, slept, and convalesced. This patient had suffered fracture of the orbital bones years before from a horse-kick, and is now for all I know the respected station-master at Canterbury. No. 2. A patient called me up at night; he was standing at his cottage door, vomiting up frothy sputa. I brought him indoors, and as he sat on the sofa he exclaimed, "My sight is going." I bled him a few ounces, and in less than half an hour his sight returned, and the expectoration subsided to a mere nothing; here there was evident relief to lung pressure, for the breath had quieted and the secretion ceased. He lived a year or more, and found elsewhere that the sons of Zeruah were "too strong for him." No. 3. Convulsive during a breech labour (with a child over 14lb weight); a withdrawal of blood caused the convulsions to cease, and the labour terminated with the birth of a dead child as large as many at eighteen months old.

Now, I should use my remedy first, and wait for the result. The *abuse* of bleeding led to its *disuse*, and I think there are cases like Dr. Kidd's (whose book one of my patients has taken a *very* extended loan of) where the use of the lancet is in its place.

P.S.—April 6th, one week since the old lady met her fall; she is doing well, and taking *Phosph.* 2x for her fatty heart, and to-day, the 8th, with manifest improvement.

### Arsenic Papers.

Two years ago I attended Mrs. W—— in her confinement. I then pointed out to her the deadly nature of the paper in her bedroom and in their sitting-room. The latter has been altered, the former not. Since then she has had four miscarriages, and one of her children died. She is now *preparing* to take my advice. Another poor woman, whose heart is diseased, called forth my sympathy, and I gave her a paper of Woollams and Co. I believe instead of adorning her rooms, she has unselfishly bestowed them where there was greater need, and endures the arsenic. How true it is, "The poor ye have always with you."

Patient says: "I have got a virulent attack of influenza, *my nose streaming with water incessantly, with a tendency to headache*, but no other symptoms at present. Can you send me something to prevent it entailing anything worse and to hasten its departure. *It came in the night without any warning whatever.*"

I prescribed *Kali Iod.* 1x, a few drops in two ounces of water, teaspoonful doses. The first dose healed him. I observed afterwards that the nostrils were excoriated. See Constantine Hering!

Lansdowne Terrace, East Hill, Wandsworth.

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### THE COMMERCIAL VALUE OF HOMŒOPATHIC TREATMENT.

THE *Chronicle*, a well-known insurance paper published in New York, writes as follows:—"An institution that quietly moves along in the plane of fair prosperity is the Homœopathic Mutual Life Insurance Company of this city. In the year ending December 31st, 1881, the company's balance-sheet showed \$668,528·82 gross assets—a growth during the year of nearly \$20,000—and a surplus security to policyholders over all reserves and liabilities of \$106,605·30. The effect of the company's first speciality (that of selecting its risks among the disciples of Hahnemann) is seen in a very healthy and uniform rate of mortality. In this excellent character of its risks and prudent management—the latter by no means secondary—may be sought a goodly share of the secret of the Homœopathic Mutual's success. But another characteristic has lent no small aid to the winning



of public favour. We refer to the speciality of single-payment, non-forfeitable life-policies. The arguments that are adduced in favour of this small single-payment policy are too many to be embodied in a short paragraph. Such a policy applies peculiarly to the man of small and to the man of variable income, to the merchant and mechanic, to the salesman and the investor, to the professional man and the widowed mother of children. The single-payment policy is a good investment for the man of large means, who should put a few thousands or a few hundreds where, independent of further payments or care, they will prove a cash product at his death, thus enabling his estate to be settled leisurely and to the best advantage. Both of the above specialties are appropriately supplemented by a system of prompt payment of death claims, which adds desirability to a policy in the Homœopathic Mutual."

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## HISTORY OF THE APPLE.

"THE early history of the apple-tree is connected with many legends of remote antiquity. Our first mother, Eve, is generally represented holding an apple in her hand. This, however, is not particularised in the Bible, where the apple is mentioned only five times; and it is a disputed point indeed if it were the same as that in use at the present day. The climate of Palestine is unfitted, except in the higher regions, for the cultivation of this tree. The golden fruit of the Hesperides are said to have been apples, though modern writers suppose them to be oranges. The Thebans offered apples at the altars of Hercules, a custom derived from the following circumstance. It being impossible on one occasion to bring a sheep for sacrifice across the River Asopus when overflowed, some youths, recollecting that the Greek word *μηλον* signified both *sheep* and *apple*, stuck four wooden pegs into the fruit to represent legs, and brought this vegetable quadruped as a substitute. Leaving fiction and theology, let us turn to palæontology. Carbonised apples and pears have been found in the lake dwellings of Neufchatel. Greece produced excellent apples, especially in the island of Eubœa. Both Philip of Macedon and his son, Alexander the Great, were fond of apples at every meal. In Rome, the apple met with a favourable reception, and was carefully cultivated.

The art of grafting was known at an early period. Pliny names the 'quince' grafted on an apple stock, and called 'appian,' after Appius Claudius. Other apples, he says, 'are like blood,' from being grafted on mulberries. The Romans had about twenty-two varieties, called by noble names. The apple was found in Britain at an early period. The Druids revered it because the mistletoe was supposed to grow upon it and the oak. There is no doubt that the Romans introduced new varieties. Orchards are mentioned in the charter of King John, in whose time Worcester had become famous for the culture. The oldest variety is the Pearmain. The costard was extensively grown in the reign of Edward the First, and gave its name to the modern 'costermonger.' During the Wars of the Roses, the country being unsettled, the cultivation fell into decay, until, by the industry of Harris, fruiterer to King Henry the Eighth, about thirty towns in Kent were furnished with Flemish fruit trees, which had a great success. In this reign the barking of apple-trees was declared to be felony. Tusser, in 1573, names apples of many sorts, and the old herbalist, Gerald, confirms his description. Gerald was a warm advocate of apple cultivation. *Pippins* (that is apples raised from seed or *pips*, and not by grafting) were in the time of Shakespeare considered delicious for dessert. Sir Hugh Evans, in the 'Merry Wives of Windsor,' says 'I shall make an end of my dinner, there's pippins and cheese to come.' And Justice Shallow says to Falstaff, 'You shall see my orchard, where, in the arbour, we will eat last year's pippins of my own grafting.' Catherine, Empress of Russia, was fond of pippins, and had a regular supply from England, each apple separately wrapped in silver paper. Cider was used in Normandy at a very early period, and was popularised in England about the beginning of the last century in opposition to French wines. The cider counties principally lie in the form of a horseshoe round the Bristol Channel. The earliest of our apples is the 'Genneting,' mentioned by Evelyn, 1660. The original tree came from pips brought from Normandy. They were sown at Ribston, in Yorkshire. Five grew, two producing crabs, the others apples, one of which was a famous pippin. The original tree, planted 1688, stood till 1810, when it was blown down; but being supported by sticks, in a horizontal position, continued to bear until 1835, when it lingered and died. We may note the fact that pomatum owes its name to apples. America

has now become famous for apple cultivation. The most delicious variety standing at the head of the list is the 'Newtown pippin.' One of the orchards on the banks of the Hudson contains more than two thousand of these trees. Besides being useful as a fruit-bearer, the apple-tree furnishes a hard compact wood of fine grain. It is very tenacious of life, often bearing fruit at the age of two hundred years. Mr. Ruskin says, 'Of all the lovely things which grace the springtime of this fair temperate zone, I am not sure but the blossoming of the apple-tree is the fairest.'" The writer of this very valuable paper then deals with a few popular customs relating to the apple, and appropriately refers in conclusion to the saying, "to have everything in apple-pie order," which is derived from the following circumstance. It was a custom in former years to take off the top crust of the apple-pie, mash the fruit with sugar and cream, cut the crust into triangular pieces, and stick them downways into the fruit in patterns.—*H. G. Glasspoole, in "Dietetic Reformer."*

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### SURE DEATH TO FLEAS AND FLIES.

SOME American contemporaries have been extolling the anti-vermin virtues of the *Pyrethrum roseum* :—

"The *Pyrethrum roseum*, or 'Persian chamomile,' is the powdered leaf of a harmless flower, growing in Caucasian Asia in great profusion, where for centuries it has been used to rid the natives of unwelcome guests from the insect world. It can be purchased of almost any reliable druggist, already prepared for use.

"With a finely-powdered dust made from these flowers, the mosquito, the house fly, the flea, and the disgusting *Cimex lectularius* may all be put to flight or murdered. It is only necessary to heap up into a little cone one teaspoonful of the drug *Pyrethrum*, touch it with a lighted match and watch the thin blue line of smoke as it rises to the ceiling and is wafted through the air, changing the busy drone of insect life into a weak wail of insect woe. Pretty soon down they come plump on to the table and over your paper, spin on their backs, and then sheath their lancets, curl up their hair-like legs, and are no more.

"Smoke from the Persian chamomile, or its dusty powder,

is most efficacious, but the purity of the drug must be assured. It must have a bright buff colour, be light, readily burned, and give a pleasant, tea-like fragrance; one pinch should kill a dozen flies confined in a bottle, at once; where it fails of these properties it has been adulterated.

"In common use in large or breezy rooms, where from great dilution it fails to kill, it nevertheless produces on insect life, through its volatilised essential oil or resin, undoubted nausea, vertigo, respiratory spasm, and paralysis. It acts upon them through the minute spiracles, the breathing tubes that stud the surfaces of their little bodies, and form the delicate network of veins in their tiny wings. To human beings it is entirely innoxious and not disagreeable."

### WHETHER IS CULTIVATED OR WILD BELLADONNA BETTER?

THE *Chemist and Druggist* gives a paper, read by Mr. Gerrard, "On the Atropine Value of Cultivated and Wild Belladonna Plants." He compared cultivated with wild belladonna, grown at Lastingham, near Pickering, Yorkshire, in a very poor limestone soil, where the plant reaches six feet in height. For its collection and selection he was indebted to Dr. Sydney Ringer. Probably its age was three or four years.

The cultivated plant was grown by the well-known firm of W. Ransom, of Hitchin, on a chalk subsoil, with twelve inches of stiff loam on the surface. The plants were three to four feet in height, and believed to be three years of age.

The plants were collected about the end of September. Mr. Ransom says they are considered less active than during July, which is the month of flowering. Both were dried at 100° deg. Fahr., and root, stem, leaf, and fruit powdered, and separately estimated for atropine, which came out as follows:—

Wild Plant.			Cultivated Plant.		
Part used.		Per Cent. Yield of Atropine.	Part used.		Per Cent. Yield of Atropine.
Root	...	45	Root	...	35
Stem	...	11	Stem	...	07
Leaf	...	53	Leaf	...	4
Fruit	...	34	Fruit	...	2

Mr. Gerrard added that Professor Tweedy had made some experiments with the atropine obtained from the wild and the cultivated plants, and found the former decidedly more physiologically active.

Mr. Naylor thought that in these percentages the differences might be errors of experiment.

Mr. Allen said that would depend on the quantity that was worked upon. He could confirm Mr. Gerrard's observation that potash makes the colouring matter more soluble in ether than if ammonia were used.

Mr. Plowman asked whether the percentages were calculated on the dried or the fresh plant.

Mr. Gerrard: On the dried plant.

Messrs. Cleaver, Shenstone, and W. Williams commented on the process.

Mr. Greenish said, from a pharmaceutical point of view this was one of the most interesting papers he had heard for a long time. It was of particular interest to find that the leaf yielded more atropia than the root. He remembered that last year Mr. Naylor had shown that a better extract was made from the leaf than from the root, confirming the previous observations of Mr. Squire; and last year in Russia Professor Dragendorff had shown him the results of a series of experiments by which he had proved that the leaves of henbane contained the largest proportion of hyoscyamin. It seemed as if we should return to the old preference for the leaves for pharmaceutical purposes.

Mr. Groves referred to the experiments of Ladenburg on the henbane alkaloids, and asked if Mr. Gerrard had any reason to suspect the presence of two alkaloids in belladonna.

The President said that Ladenburg, as shown in Mr. Merck's paper, read that day, had found hyoscyamin in atropa belladonna and other plants as well as atropin. The use of the root of belladonna is a comparatively recent innovation, which seemed hardly to stand the test of experience. It was certainly not worth while to destroy the plant to get at the root if the leaves will answer as well or better.

Mr. Carteighe said that he could hardly accept Mr. Gerrard's conclusions in opposition to those of Professor Ladenburg on the experiments he had made in the present transition state of our knowledge respecting the alkaloids. In the drying of crystals a very slight error would affect such slight percentages as these. He hoped Mr. Gerrard, with the aid of a grant from the Conference, would continue his experi-

ments, and try to settle what was a matter of much importance, as to exactly the alkaloids of belladonna.

Mr. Gerrard, in reply to Mr. Naylor, said he had given the quantities just as they came out, and he thought it was rather cavilling to assume their incorrectness. He had used a kilogramme of the material in each case. As to the alkaloids, in the present uncertain state of our knowledge respecting them, he did not wish to fix himself to definite distinctions between hyoscyamin, atropin, duboisin, and daturin. In reply to Mr. Cleaver, he preferred to estimate the alkaloids exactly in accordance with what he actually obtained.

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### TESTIMONIAL TO DR. HASTINGS, OF RYDE.

WE have received the text of the testimonial presented to Dr. Hastings on his leaving Brixton Hill for Ryde, but the limits of our space preclude its insertion. It is very gratifying that a faithful physician is once in a way properly appreciated.

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## LITERATURE.

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### OPHTHALMIC THERAPEUTICS.<sup>1</sup>

THIS important work should have been reviewed a month or two since, but we were prevented from giving it due attention. This matters, however, but little, as Dr. Norton's "Ophthalmic Therapeutics" has already won itself a good name. The author modestly calls the work a "little manual," but the "little manual" contains 342 pages of good, useful matter, and the pages are large too—technically termed, we suppose, large octavo.

We notice that our author spells *verruca* with one *r*; on the whole we prefer two. On page 292 we read, "*Ruptura*

<sup>1</sup> Ophthalmic Therapeutics. By Geo. S. Norton, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital. Second edition, rewritten and revised, with copious additions. New York and Philadelphia: Boericke and Tafel. London: The Homœopathic Publishing Company. 1882.

*Chor., et hemorrhagia.*" We know our transatlantic cousins rather affect the simple *e* in lieu of the *æ*—as, for instance, "encyclopedia," instead of "encyclopædia," but "hemorrhagia" is supposed to be Latin, and in Latin, "he" does not adequately represent the *hæ* in *hæma*. "Hemorrhage" is justifiable because it is English, though "hæmorrhage" is better, but we see no justification for "hemorrhagia."

Regarding glaucoma we read, "Mydriatics, especially *Atropine*, must be avoided, as they are liable to produce an acute attack of glaucoma." But what of the law of similars?

The value of iridectomy in glaucoma is, in our opinion, overrated, for the failures are very numerous, but the drug indications have an air of reality about them that inspires us with confidence.

On the whole the work does our School great honour, and he who honours our cause honours himself. It is a source of great pride and satisfaction to us that America is producing great homœopathic specialists. In otology and ophthalmology our School more than holds its own in the States.

### SUPERSALINITY OF THE BLOOD.<sup>1</sup>

CUSTOM allows us only to call attention to this little production of our own.

## REPORTS OF INSTITUTIONS.

### THE HAHNEMANN CONVALESCENT HOME AND HOMŒOPATHIC DISPENSARY, BOURNEMOUTH.

#### *Third Annual Report.*

President: The Right Honourable the Earl Cairns. Physician to the Home and Consulting Physician to Dispensary: Herbert Nankivell, Esq., M.D. Surgeon to the Home and Physician to Dispensary: W. G. Hardy, Esq., M.B. Assistant Physician to the Home and Visiting Surgeon to Dispensary: Frank Nankivell, Esq., M.D.

<sup>1</sup> Supersalinity of the Blood: an Acceleration of Senility and a Cause of Cataract. By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. 1882.

*Report of the Committee for the year ending December 31st, 1881, presented at the third annual meeting held on the 14th day of April, 1882.*

TO THE GOVERNORS AND SUBSCRIBERS—

Your committee on presenting their third annual report have much pleasure in stating that the Home during the ten months of the year on which it has been opened for the reception of patients has been well filled. During the year forty-four patients have been received, and the only regret of the committee has been that owing to want of room it has been impossible to receive more than a *small proportion* of the applicants for admission.

It has been the aim of your committee to provide for every reasonable comfort of the inmates, and they have much pleasure in bearing testimony to the kindness and self-denying zeal of the Lady Superintendent and the medical officers.

In regard to the finances, the year commenced with a deficiency of £85 18s. 7d. on the housekeeping. Whilst every proper economy has been studied, your committee regret to state that this deficiency has been increased during the past year to £151 18s. 3d. In order to meet this deficiency the whole of the Life Governors' Fund has been absorbed, and in addition there is a considerable overdraft at the bank. More annual subscribers are needed, and large donations for the purpose of an endowment fund will be most acceptable. The committee would point out that, as the patients received into the Home are in a vast majority of instances drawn from distant parts of the country, it is scarcely right that they should depend so largely as at present on local support. They appeal for help, therefore, to the numerous visitors to this place, that they may be enabled to carry on and extend the good work which the institution is now doing.

The cost of housekeeping for each patient has averaged 12s. per week. The general expenses of the maintenance of the institution has averaged 10s. per week for each patient in addition to the above, making up the total expenses of each patient per week to £1 2s. 1d.

The Dispensary, as will be seen from the medical report, is doing a steady and good work. There is a small deficiency on this account of £16. It is hoped that this branch of our



work may receive the increasing measure of public sympathy and support which it deserves.

### *Medical Report.*

#### TO THE COMMITTEE—

Gentlemen,—During the year 1881 forty-four patients were under treatment in the Hahnemann Convalescent Home. Of these twelve were in the house at the commencement of the year; fifteen were admitted between that date and the summer closing; seventeen more were admitted between the reopening of the Home and the close of the year. Of these twenty-six were women and eighteen were men, the same proportion as in the previous year. The cases comprised: One case of incipient phthisis, twenty-four of confirmed phthisis, one of phthisis and Bright's disease, five of chronic bronchitis, three of asthma, two of cardiac disease, one of chronic pericarditis, one of anæmia, six of what may be classed under the head of debility, including cases of convalescence from acute disease.

One death only has taken place in the Home during the year, being a case of sudden and immediately fatal hæmorrhage from the lungs.

The medical officers again call attention to the fact that the cases of chronic disease admitted to the Home have been of a serious nature in a large number of instances.

The number of cases treated at the Dispensary shows a diminution on that of the preceding year. There were

Remaining on books from 1880 .....	45
Admitted during First Quarter .....	120
"    "    Second " .....	138
"    "    Third " .....	134
"    "    Fourth " .....	104
	<hr/> 496
Total .....	<hr/> 541

Of these sixty-one were treated at their own homes, and 490 visits were paid to them. There were 2,183 separate attendances at the Dispensary.

The results of treatment may be tabulated as follows:—

Recovered .....	202
Considerably relieved .....	126
Unimproved .....	52
No report .....	112
Dead .....	5
Under treatment .....	44
	<hr/> 541

The medical officers desire to draw attention to the fact that of the large number under the head of "No report" a very considerable proportion were probably cured after one or two attendances.

The cases which died were (1) baby æt. 9 months, of bronchitis and teething; (2) man, æt. 40, of pulmonary phthisis; (3) girl, æt. 2½ years, of diphtheria; (4) woman, æt. 37, of œsophageal stricture; (5) man, æt. 45, of pulmonary phthisis.

Patients have attended as usual from the home district, and also from very considerable distances, such as Christchurch, Poole, Ringwood, Wimborne, and Kinson.

HERBERT NANKIVELL, M.D.  
WILLIAM G. HARDY, M.B.  
FRANK NANKIVELL, M.D.

April 12th, 1882.

[The Hahnemann Convalescent Home at Bournemouth is a national institution, and we therefore trust that the very able medical staff will be encouraged by receiving general support from all over the country.]

### LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted to May 9th affords the the following statistics:—

Remaining in Hospital at date of last return (March 16) .....	45
Admitted between that date and May 9th .....	89
	<hr/>
	134
Discharged during the same period .....	81
	<hr/>
Remaining in Hospital on May 9th .....	53

The number of new out-patients during the period from March 16th to May 8th has been 1,058. The total number of out-patients' attendances during the same period has been 3,506.

### NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY.

*Report for 1881.*

THE medical work of the dispensary has gone on satisfactorily during the past year. Since May it has been opened

every weekday instead of three days in the week. It has been attended by Drs. Purdom, Kennedy, and Galloway. Over 830 patients have been under treatment during the year, representing about 2,500 attendances. Many visits have been paid to patients unable to attend at the dispensary. A large number have reported themselves as relieved or cured. Several new subscribers have been added to the list, and altogether we are much gratified to know that Homœopathy is professionally so perfectly represented and so amply appreciated of the people.

### HOMŒOPATHIC DISPENSARY FOR MAIDEN- HEAD.

WE understand that Dr. Henry Lang, of Berners Street, whose private residence is at Maidenhead, is about to open a homœopathic dispensary in that town. We heartily wish him all success. If any of our *confrères* are sending cases to Maidenhead, Dr. Lang's address is Rose Villa, Castle Hill.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. BERRIDGE'S OPEN LETTER.

SIR,—I should be distinctly lacking in civility were I to neglect the acknowledgment of my friend Dr. Berridge's graceful tribute to my orthodoxy and professional status, when he couples me with the promoter of a quack nostrum. I am scarcely left in doubt, after a certain letter in the *Lancet*, that the tremendous array of exclamatory notes, and the formidable *crescendo* type, so comically like the advent of a new circus in a country town, were deemed needful to accentuate my guilt.

For my own reputation as a good homœopath I care little, but for that of my friends, the Editors of the *B. J. H.*, I care too much to let them lie under the charge of disloyalty to our cause. But I have not really brought this evil thing

upon them. The accuracy which forms so salient a feature in my good friend Berridge's mental *facies* has for once forsaken it.

I categorically deny that I advocated the use of a patent medicine of unknown composition as the best treatment in a certain disease. But John Stuart Mill says that *opinions not based upon evidence cannot be shaken by evidence*; to a gentleman so charmingly credulous as to advance as evidence of an important assertion something that a possessor of something "told a friend of his, who told him," what is the use of bringing fact to bear on preoccupant fiction?

Else I would ask Dr. B. to turn to p. 57 of vol. xxxix. of the *British Journal* and read for himself that, instead of recommending a secret remedy, I say "the remedies which in my hands have effected the greatest amount of good [in rheumatic gout] are mercurials in the more acute form, and sulphur in chronic cases; Iron . . . Actæa, Arnica, Ledum, and *Rhus* come next."

How can this be disturbed by my merely recording subsequently the fact that I had seen a patent medicine administered, as it chanced, *not by me, and not to a patient of mine, and not with my sanction*, give the most speedy relief?

That is just what we expect in such things, to give *speedy* relief; how often, alas! at the expense of much increased future suffering. I should be sorry to think Dr. B. could be so prejudiced a partisan as to forget a fact because it might not square with his opinion. It is good to love Homœopathy because Homœopathy is true—it is better to love truth, in whatever guise it come.

But should I ever read that Dr. B. had seen a case of terrible pain relieved by a full dose of morphia, given, say, by some allopathic friend, I will not forthwith say that Dr. B. recommends it as the best remedy for acute pain; and I am sure that Dr. Berridge, with that fine courtesy of his, known to us all so well, will hasten to atone for an unwitting injustice, due, I doubt not, partly to the rather ambiguous style of,

Sir, your obedient servant,

EDWARD BLAKE.

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A NECESSARY VACCINATION STATUTE.—Wherever a person is crippled, diseased, or in any way injured in person or life by vaccination, the person performing the operation should be held responsible for damages.—*New York Medical Tribune*.

## DR. HUGHES ON HEILKUNDE AND HEILKUNST.

SIR,—Had the question between Dr. Dudgeon and yourself as to the meaning of these words been purely a philological one, I should have taken no part in it—occupying, in such a matter, the room of the *Vars*. But when you base your judgment on general grounds I must have a word to say, as I am quite unable to agree with it. Why (I would ask) did Hahnemann alter the title of his book in its second edition, substituting *Heilkunst* for *Heilkunde*? I answer by pointing to the coincident omission of the word “rational,” both from the title-page and from the body of the work; and to the tenor of the new preface, which is throughout a condemnation of the use of the speculative reason in medicine, and a recalling of men’s minds to practical observation and experiment. There can be no doubt, I think, that Hahnemann abandoned the word *Kunde*, and substituted *Kunst*, that he might make it clear to which order of thought his *Organon* (= instrument) belonged. This is all I said. I took the word “doctrine” as I found it in Dr. Dudgeon’s pages; but I had no intention of emphasising it as meaning teaching rather than knowing. I used it as referring to the theory instead of the practice of medicine; and this is all that is necessary for my argument.

I am, Sir,

Yours very faithfully,

RICHARD HUGHES.

Brighton, May 9, 1882.

[Dr. Hughes’s own words are these:—“Hahnemann first called his work ‘Organon of the rational medical doctrine’ (*Heilkunde*); but from the second edition onwards the title was changed to ‘Organon of the healing art’ (*Heilkunst*)—the ‘rational’ being here, and in all other places of its occurrence, either dropped or replaced by ‘true’ (‘genuine,’ —*wahre*). Why this alteration? The elimination of the term ‘rational’ has been supposed to ‘imply that his followers were required to accept his doctrines as though they were the revelations of a new gospel, to be received as such, and not to be subjected to rational criticism.’ I cannot think so. To me the clue to it seems to be afforded by the coincident change from ‘*Heilkunde*’ to ‘*Heilkunst*.’ The name ‘doctrine,’ the epithet ‘rational,’ were in continual use for the hypothetical systems of his day. The promulgation of his views had arrayed the advocates of all these in bitter opposition

against him. Hahnemann was accordingly anxious to make it clear that, in entering the lists of conflict, he came armed with quite other weapons. He was seeking, not the consistency, but the success of a practical art; to him it mattered little whether a thing commended itself or not to the speculative reason, his one concern was that it should be true." So far Dr. Hughes.

Dr. Hughes may not have had any intention of emphasising the word "doctrine," but it is pretty obvious that he very effectually does so. Indeed if we take away the stress which Dr. Hughes lays upon "doctrine" as opposed to "art," there is nothing left. We understand Dr. Hughes's words to mean that Hahnemann dropped the word *Heil* "kunde" because it meant "doctrine." "The name 'doctrine' was," says Dr. Hughes, "in continual use for the hypothetical systems of his day." Now, for this *explanation* to stand it is necessary that *HeilKUNDE* mean specifically *medical* DOCTRINE, which we deny. Of course we all know that Hahnemann *did* drop "Heilkunde" for "Heilkunst," but that he did so for the reason assigned by Dr. Hughes is the point which we do not admit.—ED. H. W.]

### MENYANTHES TRIFOLIATA.

DEAR EDITOR,—“L. R. C. P.” stigmatises *Menyanthes* as “one of those third-rate remedies that uselessly augment our *Materia Medica Pura*, a mere burden to our memories.” If he will only procure Hering’s *Guiding Symptoms* and Lippe’s *Repertory*, the best works of the kind extant, and not be ashamed to refer to them in the presence of the patient, or even to carry the latter to the bedside, as I always do, he will find the “burden” to his memory greatly relieved. As for its “uselessness,” I refer him to Carroll Dunham’s remarks in *U. S. Med. and Surg. Journal*, vol. iv. p. 242; Chargé’s characteristics in intermittent fever in *Trans. of World’s Convention*, 1876, p. 418; and P. P. Wells’s cases at p. 554 of the same volume.

May I suggest that all contributors of cases or symptoms should give their names? It makes all the difference whether we know the writer to be an *accurate* observer or not.

Yours truly,

E. W. BERRIDGE, M.D.

## HOMŒOPATHIC PRACTITIONER WANTED AT MIDDLESBOROUGH.

DEAR SIR,—By the advice of a friend of mine some time ago I put my wife under the treatment of a homœopathic doctor at a distance from here, for a long-standing and complicated complaint; I was so pleased with the results, I have since, as far as possible, adopted the medicines with the help of Ruddock's "Vade Mecum." Since I began I have advocated the system among my friends, so that now the medicines are being rather extensively used among the adherents of Homœopathy here. But what is a much felt need now, is that there should be a good homœopathic physician in the neighbourhood. The consequence is that we are obliged, through not having one, to go to the allopaths, and this town alone has a population of about 60,000, Stockton and Southbank with at least other 70,000, within three miles of us at each side, as well as the rest of the extensive Cleveland district. My object in writing to you is that you might kindly be inclined to bring what I have stated before the faculty, and perhaps induce some clever homœopathic physician to step in, and thus meet the want that is felt. Newcastle is forty-five miles away, and is the nearest, I think, where one resides.

Yours, etc.,  
J. W.

Middlesborough, 23rd March, 1882.

[This is the usual course of events; first Homœopathy scores a point, the good people dabble in domestic Homœopathy, and then—they cry out for a duly qualified homœopathic practitioner. We commend this thought to those who have nothing but evil to say of *domestic* Homœopathy. Baby is restless at night, but mother dare not get up and give it a pilule of *Chamomilla* from the tiny bottle in the little box on the drawers unless she first send and knock up the doctor to ask if she may.—ED. H. W.]

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

OPENING FOR A HOMŒOPATHIC PRACTITIONER.—There is a very good opening for a capable homœopathic practitioner in one of our large provincial towns. The present incumbent would enter into a partnership with succession on very easy terms. He is well known to us, and we can testify that his reason for leaving is one of health, and he intends going to the colonies. We shall be happy to give our colleague's address to any *bond-fide* inquirer.

DR. BAYES, BRIGHTON.—You only tell *part* of the truth about our correspondence in regard to the "L. H." First, Dr. Burnett did *not* offer to do all he could as examiner, etc., but Dr. Burnett readily and cordially *consented*, *after* you had requested him to do so. Secondly. It is not true that Dr. Burnett wrote a *series of three* letters to you on the L. H. He wrote three, and more, but, with the exception of the one printed in this journal, they were *all in reply to previous letters from you*. Thirdly. Dr. Burnett certainly did and does object to the publication of his private letters, but he nevertheless gave you his permission to publish them, *together with yours to which Dr. Burnett's were answers*. Lastly. Dr. Burnett hereby publicly challenges Dr. Bayes to publish the *whole* of the correspondence, *without any omissions*

*whatever*; not some, nor extracts, but *all*, according to the dates, and without any distorting comments; thus the truth will be known, and "truth is truth, even though it sear our eyes." As to the *principle* of the "L. H." we are still ardently in its favour, but we do not believe that anything good can thrive on such vulgar personalities and low scandal-mongering as accompany its so-called advocacy, even though "for private circulation only among medical friends."

Some of your friends will, perhaps, be surprised to learn that you *did* put Dr. Burnett's *private* letters in type, and sent the proof of them to some of your supporters; so that although you have refrained from actually publishing them, in the technical sense, they are already worse than published, for now outsiders may think they contain something dishonourable to the writer, whereas the very opposite is the case. Dr. Burnett objected to their publication because they were *private*, not because of their contents.

#### CORRESPONDENTS.

Communications received from Mr. Henry Leake, Brisbane; Dr. Pope, London; Dr. J. W. Thomson, Springfield, Mass., U.S.A.; Dr. Ussher, Wandsworth; Dr. Ransford, Upper Sydenham; Dr. Theobald, London; Dr. Edward Blake, London; Dr. John H. Clarke, South Kensington; Dr. Richard Hughes, Brighton; Dr. V. Léon Simon, Paris; W.



H. Heard, Esq., St. Petersburg; Dr. Berridge, London; Alan E. Chambre, Esq., London Homœopathic Hospital; Messrs. Martin and Co., Melbourne; Dr. Reed, Southampton; Dr. Purdom, Newcastle-on-Tyne.

#### BOOKS AND JOURNALS RECEIVED.

The Indian Homœopathic Review, March, 1882.

The Therapeutic Gazette, March and April, 1882.

The Calcutta Journal of Medicine. No. 3.

The Homœopathic Physician, May, 1882.

Figaro, April 15, 1882.

Boericke and Tafel's Physicians' Price Current. 1882.

New York Medical Times, April, 1882.

Allgemeine Homœopatische Zeitung, Bd. 104, Nos. 15, 16, 17, 18.

Archivos de la Medicina Homeopática, Tomo I., Nos. 5, 6.

The Medical Tribune, April, 1882.

Leucorrhœa, its Concomitant Symptoms and its Homœopathic Treatment. By A. M. Cushing, M.D. Second Edition. Boston: Otis Clapp.

The Hahnemannian Monthly, April, 1882.

The Weekly Medical Counselor. Nos. 56, 57, 58, 59, 60.

Knowledge. Vol. I., No. 26. Monthly Homœopathic Review, May, 1882.

A Treatise on the Diseases of the Eye. By Henry C. Angell, M.D. New York and

Philadelphia: Boericke and Tafel. 1882.

New England Medical Gazette. No. 4, XVII.

Germ Theory of Disease.

Dietetic Reformer, May, 1882.

Bibliothèque Homœopathique. No. 8.

Electricity in Surgery. By John Butler, M.D. Boericke and Tafel. 1882.

St. Louis Clinical Review. Vol. V., No. 2.

The Dublin Journal of Medical Science, April, 1882.

Revue Homœopathique Belge, Avril, 1882.

### The Homœopathic World.

#### CONTENTS OF MAY NUMBER.

LEADING AND GENERAL ARTICLES:—  
Homœopathic Medical Progress.  
Pharmacological Fragments: *Menyanthes Trifoliata*.  
Clinical Lectures on Diseases of the Heart: III. Heart-failure.  
Clinical Notes.  
*Unea Barbata*.  
The Mineral Springs of New Zealand.

OBITUARY:—  
Dr. Shepherd.

LITERATURE:—  
*Materia Medica Pura*.  
Transactions of the Homœopathic Medical Society of the State of Pennsylvania.  
The Study of Trance, Muscle-Reading, and Allied Nervous Phenomena in Europe and America, with a Letter on the Moral Character of Trance Subjects and a Defence of Dr. Charcot.

CORRESPONDENCE:—  
Heilkunde und Heilkunst.  
Companion to the Homœopathic Pharmacopœia.

The Liverpool Homœopathic Medical-Chirurgical Society on the L. H. Veterinary Homœopathy.  
Homœopathy at St. Petersburg.  
Open Letter to Dr. Bayea.

REPORTS OF INSTITUTIONS:—  
The Buchanan Ophthalmic and Cottage Hospital.

London Homœopathic Hospital.  
Report of the Liverpool Homœopathic Dispensaries.

Prophylaxis of Hydrophobia.  
SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

JULY 1, 1882.

## THE CAISSON DISEASE.

"THERE is nothing new under the sun" is a saying that is not used by us with any pretensions to originality; but when we revert the thing, and say there *is* something new under the earth in the form of a new disease, our readers may perhaps be rendered a little curious.

New diseases are to be the outcome of the electric light, but we take comfort in the assurance that some of our present maladies will be knocked out of time simultaneously with the advent of the new ones. Certain it is that new departures in the sciences and arts entail new conditions of being and new forms of disease, or genuinely new diseases.

In view of the fact that tunnelling and working under increased atmospheric pressure are on the increase, it will be a useful undertaking to make ourselves acquainted with a disease known to those who suffer therefrom themselves as the BENDS, and to one or two medical writers as the CAISSON DISEASE.

Dr. Matthew Boughton, of New York City, not long since read a paper on "The Bends" before the West Side Medical Society of New York, and it was then published in the *Medical Tribune* for May, 1882. We think we cannot do better than give Dr. Boughton's paper in its entirety, and to it we refer our readers for a knowledge of the *Caisson Disease*.

## THE "BENDS."

By MATTHEW BROUGHTON, M.D.

A WORD of apology for my strange title. It is the only name by which this complaint is known among those who suffer from it, though one scientific gentleman has tried to give it a more dignified title.

Last December I noticed an article in the daily papers on this subject and clipped it out as an interesting item, and there the matter would probably have ended with me, had it not been for—I was going to say—an accident.

Some time during the latter part of January a gentleman who had been a former patient called at my office. He was just getting over an attack of the bends. He was the foreman of one of the gangs of men employed in the New York caisson of the Hudson River Tunnel, at the foot of Morton Street.

The symptoms he complained of I could not account for, and when he told me he had the bends, I, like all young doctors who get a case they don't understand, made a grab for my medical works, but they gave me no help.

Determined not to be beaten that way, I put on a grave face and a knowing look, while I asked for a repetition of the symptoms he complained of.

To my great joy he said he did not want any treatment then as he had got comparatively over the attack, but wanted me to look it up to see if it could not be prevented in future.

His story, at the time, was substantially as follows :

He had left the works at 4 p m., and while eating supper, at 5 p m., was taken with a slight pain in the right knee, which came in paroxysms, causing him to flex the limb each time the pain occurred. He applied hot flannels, hot water, and a small electrical battery he had ; the combined heat and electricity modified the pain till about 10 p m., when it began to grow worse. It was steady, with once in a while flashes going from the hip to the knee, and from the knee to the ankle, causing violent flexion of the limb. The pain, at times, would start from a centre, get stronger, and appear to explode or shoot in all directions like a shell. Nothing would relieve it ; but dry heat was the most comforting. The attack lasted about forty-eight hours. The constant desire was to keep moving all the time. In fact the pain was so great, that, although he is a very tough "gritty" little fellow, he could not remain quiet. The attack passed away gradually, but left a soreness which continued for about two weeks.

This gentleman informed me that from 75 to 80 per cent. of the men employed in the works were affected with the trouble, and that it arises from working in compressed air.

Sometimes a person is attacked the moment he enters, and cases have occurred where they have died within two hours.

His account brought to mind the newspaper clippings. I looked them over, but was as wise as before I began. Then I got a copy of the pamphlet by Albert Smith, M.D. This gave me more light than anything else, and I will quote a little from his work.

Nothing was known of the diseases caused by working in compressed air for submarine work, till the year 1820, or rather, if there was any knowledge, it was not put in a shape to be understood, and the accounts are so meagre as to be worthless.

Modern medical journals have given some little attention to this disease, but not the amount it deserves.

Dr. Smith's publication is called, "The Effects of High Atmospheric Pressure, including the Caisson Disease," published by the Brooklyn Bridge Company in 1873, and this has the honour of being the first work in English, at least, entirely devoted to this troublesome complaint.

From reading it I find the workmen employed on the East River Bridge, as well as the St. Louis Bridge, in 1868, across the Mississippi, were affected by the bends, or Caisson Disease, as Dr. Smith has "dubbed" it.

My friend suggested at his first interview with me that probably a little practical experience with compressed air might help me in finding out where the trouble was, and hinted that I might be so fortunate (?) as to get a dose of the bend myself, "just to see how it seemed." I consented to go and see for myself, with some misgivings, so one evening I donned an old suit and wended my way to the foot of Morton Street, where I found a large enclosure in one corner of which was an engine room, with two steam engines, each running an air pump. A mercury gauge, I saw, hovered between the figures 25 and 26 on the indicator. I was given a pair of rubber boots and asked to put them on, as it was just possible to be a little damp "down in the hole." My friend soon appeared, and with him I descended a ladder about twelve feet, to what he called the air-lock. I looked, and saw apparently the end of a boiler with a round door in it which was concaved so the convexity was inside. I mentally wished my guardian angel would keep an especial watch on me for a short time, at least, and entered. The door was closed, and by the dim light of a candle I could see the inside of the chamber was very heavily braced with iron bars to keep it together. The gentleman explained that the air was let in through a valve from the inside and opened it,

when the air rushed in with the same sound as of steam escaping from too high a pressure. The noise was so great, and the chamber so small, conversation was impossible, so I sat in silence awaiting results. They came in a short time in the shape of a sharp pain in the right ear, against which I could feel the air blow like wind, or rather like a gale. I put my hand up, and the air was shut off, and was told to relieve myself by closing the mouth and nose, and inflating the middle ear with the air of the chamber. The pressure was only about two pounds, my friend told me. In a short time I became accustomed to the change, and the air was let on again. As the pressure increased I felt warmer, and noticed the perspiration start from the body, but did not notice it on the limbs or face. There was also a slight oppression of breathing, but this soon passed away.

When the air pressure in the lock equalled that of the inside chamber, the inside door opened a little itself, and was pushed open by my friend. We then descended ladders through an iron tube about six feet in diameter, till we got to the caisson proper, a distance of about fifty feet.

This chamber appeared, by the lights that flickered here and there, to be about forty feet long by thirty wide, and I noticed it was traced by very heavy beams crosswise and lengthwise. There appeared to be about twenty men at work digging.

Although I remained in this place for upwards of an hour, I experienced no unpleasant results. I noticed in talking a peculiar nasal tone to the voice, both in myself and in the workmen.

On coming out, we had the same ladders to climb as we descended, and I noticed no fatigue at all from the exertion. I came out with a party of the men, and a larger lock was used than when we entered. The only sensation experienced was that of a decided fall in temperature (probably as much as 20°), as the air pressure was reduced to the natural outside pressure.

I afterwards visited the excavation on the Jersey City side, where the air-lock is larger, and the time occupied in filling it much longer. The sensations were not so unpleasant as my first experience on the New York side, although I was fully 800 feet under the bed of the river. In coming out of the tunnel, on the Jersey side, and while the pressure was being reduced in the lock, the sensation of coldness was more intensified than my experience on the New York side, possibly

because I was longer in the lock, as it was larger, and took longer time to let out the air.

So much for my personal experience, and now, with your permission, I will quote a little from the work of Dr. Smith.

Like a true Eclectic, I am not afraid to get knowledge wherever it may be obtained, but always like to give others the credit for it when it is borrowed.

Dr. Smith appears to have gone to great trouble to discover the effects of high atmospheric pressure experienced by men in diving bells, caissons, etc., previous to the time his work was published.

He mentions an instance in the year 1820, of some observations made by a Russian physician named Hamel, which is the first account of any value up to that time. He says:—

"In the course of some engineering work, in which diving bells were employed, Dr. Hamel had the opportunity of studying the effects of compressed air, not only upon the workmen, but also upon himself. In describing his own experience, he states that at the depth of five or six feet, severe pain was felt in the ears, which was relieved in a measure by swallowing. At 15 or 16 feet there was a noise in the ears like an explosion, followed by entire relief from pain. His respiration was perfectly easy. The ascent was accomplished with much less inconvenience than the descent. Hamel states that one of the workmen became so accustomed to the air of the bell, as to be uncomfortable under the usual atmospheric pressure."

Dr. Smith also mentions several periods since then in which physicians have made investigations on the subject, but have added no material facts to the preceding.

In looking over Dr. Smith's work I notice several interesting portions as to the effect of high atmospheric pressure on the body, a few of which I will give:—

"1st. The pitch of the voice is changed from a bass to a treble, and protracted conversation very fatiguing.

"2nd. Its effect on the cutaneous vessels is shown by the pallor of the face, which is very marked, and continues for fifteen or twenty minutes after leaving the caisson.

"3rd. During the work in the Brooklyn Bridge caisson, when the pressure was about thirty-two pounds, I took the temperature of seven of the men an hour and a half after entering the caisson, and found that it averages 99° F., exactly one degree above the normal standard. At first I accepted this as the result of the increased interstitial

change so strongly insisted upon by Dr. Jaminet, of St. Louis, but subsequent observations led me to interpret it differently.

"The temperature of the body in health is kept at about 98° 6° Fahrenheit by the constant evaporation from the surface, but in the caisson, as already mentioned, the air was already nearly or quite saturated with moisture, so that evaporation from the surface must have been practically suspended. With the temperature of the air at 76° Fahrenheit, as it was at the time of the observations, and the men engaged in severe labour, it is easy to see how the absence of the cooling process of evaporation from the surface would lead to a rise of one degree of the thermometer.

"4th. Upon the Circulation. The effect generally is, that on entering the caisson the pulse will immediately rise to 120, but gradually falls back to its normal standard, and sometimes below it.

"The effect of high atmospheric pressure upon the volume of the pulse is always, according to my observation, to diminish it. This is easily accounted for by the pressure exerted upon the artery, which prevents it yielding readily to the expanding force of each successive wave of blood. Hence the pulse is small, hard, and wiry.

"6th. Upon the Perspiratory Function. Several writers have observed that it is immediately remarked by every one entering a caisson that the secretion of the skin is apparently immensely increased. It is noticeable even when the temperature of the air is moderate, but as this increases it becomes a very serious annoyance. The clothing quickly becomes saturated, which, besides the discomfort it occasions, exposes to great danger of taking cold on going out into the open air. But a little examination served to show me that in the Brooklyn Bridge caisson at least there was really no increase of the secretion from the skin, but that, instead of evaporating, the moisture accumulated upon the surface, and thus simulated excessive sweating. I personally can say nothing upon this subject, as I did not notice its effects, but my friend said that while working in the compressed air he would sweat very much."

I spoke of Dr. Smith's views, and he gave me an idea by saying there was a peculiar odour with perspiration or sweat that was very hard to counterfeit, and that was what he noticed particularly, when he thought he was

sweating, to see if it were fact or fancy, he thought it was fact.

"7th. Upon the Digestion. Nearly all authors who have written upon the effects of compressed air agree in stating that for a time, at least, it increases the appetite to a remarkable extent. Indeed, this is one of the first and most favourable results observed where compressed air is applied remedially. With this experience my own observations in the main agree. It was frequently remarked by the men working in the New York caisson of the Brooklyn Bridge that their work made them unusually hungry, that they 'could not get enough to eat,' etc. Of course, it was not possible to obtain any exact data as to the relative amount of food consumed, but, from careful inquiries, I arrived at the conclusion that it was considerably in excess of what is usual in the case of men engaged in similar labour in the open air.

"8th. Upon the Urinary Secretions. Dr. Jaminet, in his observations at St. Louis, found that the amount of fluid secreted by the kidneys was very much increased, in some instances nearly doubled, while the specific gravity was but little, if at all below the usual average. This shows that the solid matter excreted was also in much greater quantity than usual. But I cannot agree with him in attributing this exclusively to the excessive waste of tissue from over-oxydation of the blood. The explanation is to be found, I think, chiefly in the fact that the skin, as already stated, performs its function very imperfectly, owing to the impossibility of evaporation from the surface when the air is already loaded with moisture, and hence a portion of its duty is forced upon the kidneys—organs always ready to act vicariously for the skin or the mucous surfaces."

#### DEFINITION AND SYMPTOMS OF THE CAISSON DISEASE.

From the observations I have been enabled to make, and the study of the cases which have come to my notice personally, and in the pamphlet published by Dr. Smith, I have arrived at the same conclusion in regard to a definition of this disease that he has; and, as I admire the terseness with which he embodies his ideas, I will here insert his definition:—



## DEFINITION.

"A disease depending upon increased atmospheric pressure, but always developed after the pressure is removed. It is characterised by extreme pain in one or more of the extremities, and sometimes in the trunk, and which may or not be associated with epigastric pain and vomiting. In some cases the pain is accompanied by paralysis, more or less complete, which may be general or local, but is most frequently confined to the lower half of the body. Cerebral symptoms, such as headache and vertigo, are sometimes present. The above symptoms are connected, at least in the fatal cases, with congestion of the brain and spinal cord, often resulting in serous or sanguineous effusion, and with congestion of most of the abdominal viscera."

## SYMPTOMS.

Neuralgic pains constitute in general the first and most characteristic symptoms, and are very seldom absent. The accession is often very abrupt, as if the patient "had been struck by a bullet." At other times the pain is slight at first, but rapidly increases in intensity. In well-marked cases the suffering is extreme, men of the strongest nerve being completely subdued by it. It is "as if the flesh were being torn from the bones." The pain is usually of a remittent or paroxysmal character, the exacerbations occurring at short intervals, especially if the patient attempt to move, though usually designated as "cramps." These pains are rarely accompanied by muscular spasms. They generally begin in one or both of the knees, shifting to the legs or thighs, and then perhaps, creeping up along the trunk, to seize upon the shoulders and arms. Not unfrequently the severest pain is felt in the spine, and especially in the lumbar portion. There is usually some degree of tenderness with the pain, so that the patient will complain if friction be applied too vigorously. There is also a painful stiffness in the affected limbs that precludes motion in the absence of actual paralysis.

In some cases there is swelling and heat as well as tenderness, indicating engorgement of the tissues; and this may persist for several days, being followed occasionally by discoloration, as if from a bruise.

The pulse at the outset of the attack will differ according

to the time which has elapsed since leaving the caisson, being, as a rule, quicker and more frequent as the time is shorter. Dr. Jaminet observed that if the attack occurred immediately after coming up, the pulse usually ranged from 95 to 115, while, if it were delayed for half an hour, the pulse would be slower—perhaps as low as 60.

The skin is usually cool at first, often of slightly leaden hue, and nearly always covered with a profuse cold perspiration standing out in beads upon the surface.

The temperature is generally normal.

Pain in the epigastrium, if not relieved by treatment, is generally followed with a brief period of vomiting, which may continue with great persistence even after the pain has ceased. In most cases, however, the vomiting is limited to the ejection of the contents of the stomach.

Paralysis, if it occurs, affects most frequently the lower half of the body, but it may include the trunk, or one or both arms.

The duration of the Caisson Disease varies from three or four hours to six or eight days. When paralysis takes place, this may continue for weeks, or it may pass off within twelve hours. The cases marked only by neuralgic pains do not generally last more than twelve hours, though some continue five or six days.

Death occurs only in cases which are severe from the first, and are marked by symptoms of serous or sanguineous effusions about the brain or cord.

The constant lesion in fatal cases of Caisson Disease is congestion of the brain or spinal cord. This congestion may be evenly distributed, or it may vary in intensity in different localities.

This is especially true as regards the cord. The congestion affects both the meninges and the substance of the brain or cord. In some instances extravasation of blood takes place, and also more or less serous effusion in the arachnoid membrane.

A tendency to fulness of habit renders work in a compressed atmosphere much more hazardous.

At one of my visits to the works I had an opportunity of witnessing the sufferings of a person affected with this disease. It was a light case, and only affected the right knee. The pain complained of was a dead aching between the condyles of the femur and the head of the tibia. The person remarked, "It felt as if he had no knee," from the numbness. On

examining the knee, I found it slightly swollen and very pale. There did not appear to be any marked rise in temperature.

The use of intoxicating liquors is apt to render a person more liable to the disease. The usual time at which the men are attacked is from half an hour to two hours after leaving the compressed air.

These symptoms have a great resemblance to those of Hyperæmia of the spinal cord and membranes. The pains, general characteristics, and actions of the patient, would point to this as a cause of the disease. Autopsies which have been held in cases where the patients have died from the effects of the Caisson Disease, have shown intense congestion of the brain and spinal cord, and in some cases effusions into the membranes. This fact would also account for the paralysis which so often supervenes after a severe attack.

#### TREATMENT.

The only means which have been employed in the treatment of the Caisson Disease, so far as I can ascertain, were the use of *Calomel*, Electricity, *Morphia*, *Ergot*, *Bi-Carbonate Potash*, etc., and hot fomentation to relieve the pains.

One of the means which has been recommended by several writers is the returning immediately to the compressed air, and it has given relief in many cases.

I have not yet had an opportunity of treating a case of this disease, but shall study it carefully. I believe rational treatment will show better results than that which has been employed by the physicians who have heretofore had charge of the cases affected with this terribly distressing complaint.

My friend came to me some time after he had left this kind of business, saying he had another case, if I would like to note it down. His story was about as follows:—

He noticed, on coming out at 9 a.m., a slight pain in left elbow, not so much of a pain as an odd feeling, and something he could not describe. When he came out at 10 a.m. (as he was allowed to come out each hour) he was taken with an intense pain in the left elbow. This was relieved by going back into the compressed air. He did not come out again till 12. The pain had ceased when he got into the compressed air, and now came on a great deal worse than before, and kept getting worse till about 2.30 p.m. He obtained the most relief from holding the painful elbow over

a steam radiator in the room, and as there was a slight leak in the pipe, he got a little steam on it. This moist and dry heat combined relieved it so much that he thought it was all over, and went to work again at 3 p.m. He had no pain at all while inside.

While he was coming out at 4 p.m., and the pressure had been reduced about one-half, the pain began again. This time it kept up continually for about eighteen hours. He says that severe is no name for the pain that he suffered. He tried the steam heat for an hour, but it now gave no relief. This time it was on the right side, and at times there was partial paralysis, so much so that it would drop helpless; and in order to move the hand or arm, he was compelled to swing the whole body. This motion appeared to give a little relief. The pain was from the shoulder to the tips of the fingers, and there was a slight pain from the shoulder to the right side of the spine. It appeared to pass away of its own accord, and not in response to any treatment he subjected himself to. At times he would appear to relieve the pain by clasping the wrist firmly with the other hand and trying to squeeze the pain out of it; then he would hunt out with his fingers each of the nerves or tendons in the wrist, and by pressing on them singly, would appear to get some relief.

Although this disease has not been noticed till recently, yet the number of excavations likely to be made where men will be compelled to labour in compressed air renders it a subject of much importance; and as it is impossible for any person to work for any length of time in compressed air, without becoming affected, there is a probability it will become common, and no doubt will be complicated with other diseases. This may become very troublesome to some physicians, and doubtless a time will come when a physician will have to ask a patient whether he ever worked in compressed air, similar to asking whether he has had certain other diseases.

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### THE HAHNEMANNIAN LECTURER FOR 1882.

WE are authorised to state that Dr. Dudgeon, of London, has accepted the Hahnemannian Lectureship for 1882. It will be delivered in October. Dr. Dudgeon as Hahnemannian Lecturer is emphatically the right man in the right place, and we congratulate the School accordingly.

## THE RELAXED UVULA.

By E. B. SHULDHAM, M.D., M.A. Oxon.

SOME thirty or forty years ago little or nothing was known about the uvula, either by medical men or by the general public.

Indeed, this little accessory to the throat apparatus was looked upon as a sort of novelty by the public when spoken of by medical men. It was a discovery. In the dark ages good folks suffered from coughs and colds, bronchitis, and lung disease; but there were no uvulas in those days, at least none worth talking about, and consequently there could be no troubles attached to possessing such an organ. Coughs all came from the lungs, or the liver, or far away down from some *terra incognita* in the abdomen.

The cough remedies were all directed against the results of a cough—namely, the phlegm—and not against the cause of a cough—namely, an irritable mucous membrane. The remedies were supposed “to cut the phlegm,” and “to raise the phlegm.” I have been long and often puzzled to learn the *rationale* of “cutting the phlegm,” but can only trust the traditions of the past for this feat of legerdemain.

Now, thanks to the pioneers in the treatment of throat affections, we have learned that there are other factors in cough-producing besides an irritable lung or bronchial tube. We have found out that a relaxed uvula will cause one of the most trying and one of the most obstinate of coughs.

It is a cough which defies treatment; at any rate, it defies careless rule-of-thumb treatment. It defies the efforts of any man, or woman either, who thinks to treat it by trying “to raise the phlegm” by giving the old-fashioned expectorants.

It also defies many a sedative; it won't be soothed and it won't be bullied.

It must be recognised. For lack of recognition, it harasses everybody within earshot, patient included.

What is to be done?

If you hear of a cough which is worse on lying down, worse on first getting up, worse on coming from a cold air to a warm room, worse in a carriage or of the underground railway, worse after talking, and especially laughing, you may with safety ask the patient to open his mouth wide and let you have a look at his throat.

For thus you will in all probability find a relaxed uvula and an irritable mucous membrane of the pharynx.

The patient may say, "I cough till my head aches, and till my eyes start out of my head, and can get up little or no phlegm." You are thus quite sure of your cough, or ought to be, and can safely say, "It is of little consequence; your uvula is relaxed."

This is too much for some patients, who believe in their heart of hearts, and wish it too, that they are suffering from chronic bronchitis or an incurable lung affection. "It is of little consequence"!!!

What, all these sleepless nights! all these mixtures! all these pills! all these cough lozenges! all this careful wrapping up! Are all these of little consequence? Nay. The medical man who is sure of his cough and of his remedy also can safely answer "Yes."

A few years ago he could not have answered with the same confidence, for the throat was an unexplored territory, or at any rate comparatively unexplored. Quinsy was a throat affection, to be sure, and people had enlarged tonsils occasionally, and the tongue was observed, but the poor little uvula was left out in the cool shade of retirement, and the pharynx was a neglected constituent.

But now we all know something about uvula and pharynx also, and the public knows one or both by name.

What I wish to show is that in the treatment of the cough of the relaxed uvula, the great point is to shorten the uvula, and by so doing to soothe the irritability of the mucous membrane of the throat.

The usual history of this kind of cough is that the patient catches cold, the throat becomes affected, inflammation of the parts is followed by relaxation of the same.

The uvula being partly muscle and partly mucous membrane, loses its contractility, and instead of rising clear of the pharynx it rests against the pharynx under certain conditions; and as this structure is already weak and irritable from the attack of cold, with its mucous membrane detached in parts and its superficial nerves exposed, the least little touch of the uvula is enough to tickle the throat nerves.

The throat nerves being once tickled convey the impression to the rest of their fellows who preside over the machinery of the respiratory organs.

What is the result?

A fit or many fits of violent and spasmodic cough.

Why?

Because the uvula is too long and the pharynx too irritable.

Now, the next question to be considered is, Which part requires our first attention, pharynx or uvula?

I say unhesitatingly, Uvula.

To this some scientific colleague may reply, "Is relaxation of a part more important than subacute inflammation of a part?"

In this particular instance it is so. My reasons for holding this view are the following:—

A patient may suffer from chronic follicular catarrh of the pharynx, and may be very slightly troubled with cough, provided his uvula is not relaxed.

I have seen very many cases of this chronic throat trouble where the follicles of the pharynx were enlarged and inflamed and the mucous membrane evidently detached in parts, and yet there has been little or no cough present. On the other hand I have seen a fairly healthy pharynx conjointly with a relaxed uvula, and cough has been the leading feature of the case.

In many cases the same cold which led to inflammation of the pharynx also attacked the soft palate and caused the uvula to be relaxed, so that we may see the double phenomenon of chronic pharyngeal catarrh and relaxation of the soft palate. Moreover, so long as this uvula remains relaxed, so long will the pharynx continue irritable.

Fortunately for the patient, some of the remedies which touch the uvula touch the pharynx likewise. This is notably the case with regard to *Hepar Sulphuris*.

However, before going to the treatment of relaxed uvula, I will say a word or two as to its general conditions. The usual beginning is a cold which affects the throat, involving the soft palate. But the uvula may become relaxed from other causes besides catarrh of the throat.

It may be affected mechanically by long-continued efforts of speaking or singing, by the irritation of chemical vapour, tobacco smoking, and by the mechanical irritation of a chest cough.

So that when we find a patient suffering from a relaxed state of the soft palate, we must look for every possible cause for this condition, as some practitioners imagine that a relaxed uvula is a very simple affair, and, taken as a special symptom, is of little account.

When this state of the soft palate is met with as a result of slight catarrh of the throat, and is recognised at an early stage, it is of little account, for it is then very manageable. But when it has lasted for months, or perhaps years, and

accompanies chronic bronchitis or chronic pharyngeal mischief, it is then one of the most troublesome conditions which call for treatment. It is difficult to treat because the structures are altered, the mucous membrane is thickened and also relaxed, the muscle of the uvula is also enlarged and relaxed, consequently there is more cause for mechanical irritation of the pharynx, and there is less possibility of reducing this cause to a minimum. Indeed, in some cases medicinal measures are of slight avail, and we must call in the help of a little painless surgery to effect a cure.

Some authors have stated that the cough which exists in these cases of relaxed uvula is due to the epiglottis being touched by the pendent uvula; but when we have seen a few cases of exceedingly troublesome throat cough where the uvula is only slightly lengthened, we can rest assured that it would require a very long uvula indeed to reach the epiglottis, and when it had got so far it would have touched a structure which has not one fiftieth part the sensibility which is possessed by the pharynx.

To return for a moment to the various causes of relaxed uvula. I can safely say that it is hereditary. It is so in my own family.

Sir George Gibb removed the end of my own uvula some years ago, when I had been suffering for months from a most violent and spasmodic cough. He did the same kindly office for my father, whose case had been thoroughly misunderstood by his own family practitioner and one or two other wiseacres besides, who diagnosed chronic bronchitis, and sent him to the most relaxing part of Devonshire they could pick out. The symptoms in my father's case were so severe that he was obliged to sit up in bed night after night, and he was reduced to a low state of health from want of sleep and incessant throat irritation.

Hearing this—for I had not seen my father for some months—I advised him by all means to consult Sir George Gibb. He did so. The same trifling operation was performed which I underwent myself, and very shortly his cough disappeared. With the flight of the cough good nights returned, and health was restored.

I write this bit of family history to show the hereditary influence in these cases, to show the hurtfulness of not recognising a relaxed uvula, and also to show the speedy relief obtained by judicious treatment.

5, West Street, Finsbury Circus, E.C.

(To be continued.)



## CLINICAL LECTURES ON DISEASES OF THE HEART.

By JOHN H. CLARKE, M.D.,

Member of the Royal Medical Society of Edinburgh, Assistant Physician  
to the London Homœopathic Hospital.

### LECTURE IV.—HEART-FAILURE.

Comments on case—Attacks of dyspnœa—State of heart—Cordy pulec—  
Lungs—Urine—Dropsy—The end—Treatment—Nursing—Diet—Air—  
Stimulants—Medicines.

THERE are many points of interest in the case narrated at length in my last lecture. I regard the failure of the heart in this instance to be due to simple fatty degeneration. There were no signs of valvular disease, or of hypertrophy, or dilatation, by one, or other, or both of which valvular disease is always accompanied. It occurred in a gouty subject. It lasted between five and six years, and entered on the acute stage ten months before the end. The restlessness, failure of memory, breathlessness, air-hunger, all marked the onward progress of the disease. The last-named symptom points to the right side of the heart as being most at fault, and the old-standing vein-affection would lead us to expect such to be the case.

The asthmatic attack, in the summer of 1880, following the long walk and the wetting, marks the commencement of the final stage. Hitherto the heart has only had its own weakness to contend against. Now the lungs become disordered, and now the heart gives way completely under its increased burden. Other attacks of dyspnœa, passive congestion of the lungs, dropsy, and gradual decline of all the powers of life, mark the final steps in the progress of the disease.

The first attack of dyspnœa, coming on in the night, apart from any immediate exertion, and dissipated by excitement caused by the fainting of her maid, appears to have been an attack of almost pure spasmodic asthma. *Almost*, but not, I think, altogether. There must have been even then a weakness of the vessels of the lung favouring passive congestion, which became fully established in the later attacks, when a slight degree of consolidation of the bases of the lungs had taken place. During the attacks fine wheezing sounds and fine crepitation were heard over the bases. These disappeared to a large extent when the attack was over. The dulness, however, did not disappear, and was especially noticeable on the right side. The sputa consisted of bloody froth. The

possibility of there being any acute pneumonia in the case was negatived by the fact that there was no fever.

The state of the heart was one of extreme weakness. The cause of the weakness was, as I have said, in all probability fatty degeneration. There was no cardiac pain. The attacks of dyspnoea were not complicated with angina pectoris, and were altogether different from that affection in their nature. There was much palpitation, and on listening to the sounds of the heart it was for the most part quite impossible to distinguish between the two sounds on account of the irregularity of action. The heart-beats were incomplete, and one systole followed another before diastole was fully accomplished.

The effect of this on the pulse was very remarkable. Feeling the pulse during an attack, one would have said that the artery was atheromatous and rigid. It did not yield to the pressure of the finger, and felt like a cord. When, however, the attack was over, as soon as the patient had fallen asleep, the pulse was quite different. It was now soft and compressible. The reason it had felt so hard before was not that the tension in the artery was so great, but that there was some obstruction to the outflow of blood from the arterioles to the veins, and that the heart was not strong enough to overcome the obstruction. Hence the arteries were kept abnormally full and distended, giving the sensation of hardness to the finger. We are not as yet able to say what is the precise significance of this symptom. An interesting series of cases exemplifying it are recorded by Dr. Handfield Jones in the *Medical Times and Gazette* of December 4th and 11th, 1880. In most of these there was renal complication, which did not occur in the case of Mrs. X.

There is little to add to what has been already said about the lungs. The bases were in a state of chronic congestion and semi-consolidation. Listening to the sounds at the bases posteriorly in the latest weeks of life, the action of that part of the lungs was found to have ceased almost completely. It was only occasionally in the deeper breaths that any air was heard to enter. There was no œdema of the lungs to the end. No sounds indicating such an occurrence were heard, and there was always more dulness over the right base than over the left, which would not have been the case had œdema been present, as it would have affected both sides alike.

The urine was examined repeatedly, and was always found free from albumen

Dropsy first made its appearance during the attack of gout in October, and gradually increased. When I saw her a month later there was great swelling of both legs, though there was no dropsy evident above the knees. The left leg was more swollen than the right, which may be partly accounted for by the inflamed state of the left internal saphenous vein. The skin was red and tender. Gradually the dropsy invaded the cellular tissue of the parts above, and in all probability the abdominal cavity as well, though the degree of swelling of the integuments of the abdomen prevented this being ascertained. On March 1st the elbows were noticed to be baggy, on the 5th the hands were puffed, on the 6th the left forearm was noticed to be swollen. The degree of swelling in the hands and arms varied a good deal. On the 23rd of March there was inflammation of a gland in the bend of the left elbow. This subsided in a few days, leaving an increased amount of œdema, which went on increasing to the end.

The increasing duskiness of the hue of the skin, the clouding of the mental state, and the vomiting of coffee-ground matter showed intense venous congestion and want of aeration of the blood. The heart became less and less able to empty itself and keep the blood in circulation, until its strength failed completely, and it ceased to beat.

And now a word about the treatment. In the first place I must mention that the patient was most efficiently nursed throughout, and there was never a suspicion of bed-sores. I have mentioned the means that were adopted to keep up a supply of pure air, and this I regard as a very important item in the treatment, as rendering the work of the heart easier in performing its share of the work of oxygenating the blood. The diet was often a great difficulty. Milk formed a great part of it, taken with some aerated water, or in tea or cocoa. Beef-tea, chicken-tea, jellies, and milk puddings were also given. At times the appetite was good, at other times it was difficult to get the patient to take enough. Latterly bread in any form could not be taken, and instead plain hard biscuits were substituted. These were taken at breakfast, and finely grated cold corned beef spread over them was much relished. Fish, eggs, chicken were given at various times, and when little else could be taken Revalenta food was added to the beef-tea, and so the

nourishment was kept up till digestive power and appetite were increased.

Stimulants were tried on several occasions. Once, when the patient fainted, they were markedly beneficial, but only for the time, and were no good when continued. The only stimulant that was of any avail for a length of time was the necessary one of a full supply of fresh air. Once, when that was being stopped inadvertently, a marked change for the worse occurred, and on alcoholic stimulants being resorted to to meet the effects of the deprivation, their uselessness was very manifest.

The comfort of the patient was greatly enhanced by the expedient of bandaging the legs, and much misery was thereby avoided.

The part played by medicines in this case was a very important one. Although the end was for some time a foregone conclusion, there is no doubt in my mind that it was considerably delayed by the administration of appropriate medicines, and the sufferings of the last days of life diminished. There may appear a want of unity in the plan of giving the medicines, but this is accounted for by the fact that the patient was for a considerable part of the time so very ill that she had to be seen several times in the day, and to meet this it was arranged that one of us should see her at certain times, and the other at others. Thus it happened that consultations as to changing medicines were not always practicable. The medicines which appeared to be of most service were *Lycopodium*, *Digitalis*, *Bryonia*, and *Apocynum*, and in my opinion the patient derived far more benefit from *Lycopodium* than from any of the others. From the time that she commenced to take it there was great improvement in the symptoms of distress, and whenever it was given alone the urine, if scanty before, at once became copious. When given in alternation with other medicines, especially *Digitalis*, the urine often became scanty again. The latter remedy was of great use in the case, though I am inclined to think some of the digestive troubles are to be ascribed to its influence.

*Bryonia* was of signal service in checking the short, dry, irritating cough which destroyed all idea of rest while it lasted. A single dose of *Bry.* was almost always sufficient to remove it.

*Apocynum* seemed to keep the dropsy in check, and I

think must be credited with removing temporarily the œdema from the upper extremities.

I could not observe any benefit from *Arsenicum* or *Carbo Vegetabilis*, both of which were strongly indicated, nor can I suggest any reason for their failure.

The indications for *Lycopodium* were the constipation, scanty, high-coloured urine, dyspnœa, palpitation, air-hunger, and the gouty constitution.

I have gone into the case thus at length and in detail because it is in many ways typical. It shows how heart-disease may produce symptoms in brain, lungs, and extremities with scarcely one referable to the heart itself, the centre of all. It shows also the whole course and progress of heart-failure, from the time that it ceases to be able to keep up the circulation with needed force to the time that it ceases to beat altogether; and it shows the state to which all are reduced in the last stage of heart-disease, when the balance of the circulation is destroyed beyond repair.

15, St. George's Terrace, Gloucester Road, S.W.,  
May, 1882.

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## PHARMACOLOGICAL FRAGMENTS.

### *Aralia Racemosa.*

1. ALLOW me to suggest that the time for sending communications to you for your "Pharmacological Fragment" corner be not limited to one month for any given drug, but extended over several.

As to *Aralia*, it is a medicine I never use, but *Rhododendron* is my sheet-anchor in orchitis.

M.R.C.S., Etc.

[We do not *limit* the time to one month, but we name a fresh remedy each month, so as to keep the stone rolling.—  
Ed. H. W.]

2. The *Cough* of *Aralia racemosa* is peculiar and common. Professor Jones in proving it got a severe fit of nocturnal asthma. Clinically I find the *Aralia* cures ordinary catarrhal night coughs which *Hyoscyamum* does not touch. The patient goes to bed, lies down, goes to sleep, and awakes presently with a cough.

Case 1.—Miss B., æt. seven, had a night cough. The

nurse said she was kept awake by it. The patient did not cough much on going to bed, but it was bad after a sleep. *Aralia* 3 cured in two days. Similar coughs with her were wont to last for ten days or a fortnight.

Case 2.—Not long since a lady said to me, “What shall I give my maid for her cough?”

“What kind of cough?”

“Generally at night, she wakes up with it, and so keeps on and keeps the cook awake; the cook is quite worn out for want of rest.”

I prescribed *Aralia racemosa* 3 with the result that the following night the maid had a good night, and the second night she did not cough at all. Since then that maid has considerable respect for “the little medicines.”

I have previously published an article on the “Cough of *Aralia*,” and increased experience shows its complete reliability in this kind of cough.

J. C. BURNETT, M.D., London.

For our next issue we name *Cactus grandifloris*. We ask our colleagues for their views hereon, and any further contributions relating to *Menyanthes*, *Rhododendron*, or *Aralia* would be welcome.

## HINTS FOR THE PREVENTION OF THE MOST COMMON ACCIDENTS CAUSING BLINDNESS, AND INSTRUCTION HOW TO ACT TILL MEDICAL AID CAN BE OBTAINED.

*Issued by the Society for the Prevention of Blindness and the Improvement  
of the Physique of the Blind.*

THERE are many preventable accidents and injuries which cause the destruction of important parts of the eye, and consequently blindness.

1. Infants are carelessly left without supervision; and it happens that flies which have just left some dirty place, some diseased person or animal, some putrefying or poisonous substance, may alight upon and infect the external parts of the eye, causing most dangerous suppurating inflammations of the eyes.

2. Infants are often left, in the country, in the poultry-yard, where the fowls, seeing a fly near or on the child's eye, peck the eye in their attempt to catch the fly, and thus cause

a dangerous wound in the cornea (which is the name of the transparent part in front of the eye), followed by blindness.

3. Cats and dogs sometimes scratch babies' eyes while playing with them, causing dangerous wounds and blindness.

4. Children while playing or fighting cause serious accidents to one another, by poking their fingers in the eyes, or they may accidentally thrust quill pens, pencils, hairpins, knitting-needles, or pen-knives into one another's eyes; sometimes they throw small stones, sand, and dust into the eyes.

5. In trying to undo a knot, either with the aid of a pin, a hairpin, a fork, or the point of a pair of scissors; the string suddenly gives way, when the point of the instrument strikes the eye with great force, causing a dangerous wound, which is followed by the loss of the sight of the wounded eye; sometimes by sympathetic inflammation, the second eye is also lost.

6. The breaking of elastic chest expanders—the use of which is not at all to be recommended—also causes accidents to the eyes. The elastic, while too much stretched, breaks, then it contracts suddenly, and in its recoil it gives the eye a very strong blow.

7. In playing with gunpowder children frequently inflict serious damage on their eyes by the explosion of the powder while their faces are near it, or by foreign bodies being propelled into the eyes by the explosion. They should on no account be allowed to play with explosive substances. Careless shooting frequently causes blindness.

8. Writing or reading for a long time in school or offices in bad positions, opposite a strong artificial or natural light, or when and where the light is not sufficient; copying and drawing very small print, so-called etching, in fact whenever the eye is too long strained in paying attention to very small objects—a predisposition is developed to painful eye-diseases—to short sight and other complaints weakening the eye.

9. There are certain qualities of coal which, like old, dry fir-wood, explode while burnt in the grate, and cause accidents similar to those produced by gunpowder to persons sitting or standing opposite the grate.

10. Accidents to the eyes by scalding with boiling water, by playing with melted lead, are not very rare.

11. Painters, masons, plasterers, labourers, and other persons engaged in the use and application of lime, chalk, mortar, cement, and similar substances, are liable to get these

materials thrown into their eyes; quick-lime, or lime before it has been slaked by the addition of water, is one of the most destructive agents which can come in contact with the surface of the eye. If a sufficient quantity is allowed to remain long enough in contact with the eye, absolute destruction of the part and a slough follow, which fully complete the loss of the eye. Plaster, mortar, lime, and other combinations of lime used for building purposes, differ only in degree from quick-lime in the way they affect the eye.

12. All persons whose occupations oblige them to live in an atmosphere impregnated with animal, vegetable, or mineral dust, are liable to inflammation of the eyes—all should use spectacles of plain glass surrounded by a soft substance, which, by adhering to the skin of the forehead, the temples, the upper part of the nose, and the upper part of the cheek-bones, would prevent the dust from affecting the eyes; the greatest cleanliness by washing of the eyes after leaving work is extremely useful.

13. Coal-miners, stone-breakers, sculptors, metal-workers, blacksmiths, are also exposed to injuries of the eyes, caused by small particles of the various materials entering with much force the external covering of the eyes. Perforating wounds and blindness may be then caused. They are recommended to wear spectacles similar to those mentioned in the previous paragraph.

14. People should be very careful to avoid using any towels, rags, or sponges which are used by any patient suffering from a discharge from the eyes. Almost all such discharges are dangerously infectious. There is the greatest difficulty of arresting and curing epidemics of contagious eye-diseases when they occur in schools, workhouses, workshops, barracks, hospitals—in fact, wherever a large number of people congregate. Whenever possible the patients should be separated, individually treated, and whatever has been once used for cleansing the eye from the discharge should be disinfected before the same towel, rag, sponge, or other material is used a second time—in fact, it is best to burn immediately everything which has been used once for such cleansing purposes.

The accidents which occur through infection by purulent eye-inflammation of various kinds are very numerous; they can and should be always prevented by timely rational medical aid.

15. In all cases of injury of the external or internal parts



of the eye, apply immediately for medical aid. It is desirable, till medical advice can be had, that the injured person should at once remain in a reclining or horizontal position ; on the closed eyelids apply liquid or cold-water compresses—that is, little pieces of old linen rags are steeped in tepid or cold water, and placed over the closed eyelids. The patient soon finds out what temperature suits him and best relieves the pain.

If there is any foreign body visible in the eye, and it is easily removable, it should be done at once ; otherwise all should be left to the medical man.

If the injury is caused by lime, mortar, and its various combinations, it is of first importance to remove from the eye every particle of lime as quickly as possible, and thus to arrest any further destructive action of any fragment which may still stick to the external membranes of the eye.

Special attention is required that in these cases *no water* should under any condition be used for cleaning the eye ; as the water dissolves still more the quick-lime, the heat of the dissolved lime increases, which thus would destroy the eye still quicker. Sweet oil should be dropped immediately into the eye, which is done either by a little paint-brush dipped in oil, or, if there is not such a brush at hand, a rag, a feather, or a piece of rolled paper are dipped in the oil. The way to apply the oil is to draw up the upper lid and draw down the lower lid at the outer angle, and insert the oil while the patient turns the eyeball towards his nose. Both eyelids may be everted ; in this position the smallest particle of lime can be seen and easily removed, either with a small paint-brush or with the rolled-up corner of fine rag or paper, or any small soft and round object ; before the eyelids are replaced in their normal position and closed, a few more drops of oil should be dropped on the eye and between the lids. A slight stream of tepid water on the front of the eye, and on the outward-turned eyelids, will wash away the smallest particle of dust or any other substance.

16. It happens frequently that, when one eye is lost by an external injury, the eyesight of the other is in danger of being lost. This is caused by what is usually called sympathetic inflammation of the eye. In these cases there is only one means of saving the second eye ; this is by the *extirpation* or *enucleation* of the first eye of which the sight has been lost. As many people object to this operation, it is neces-

sary to remind them that they must ascribe to themselves the loss of the second eye by their refusal of the operation just named.

17. Blindness is also frequently caused by the use of so-called wonderful eye-salves, ophthalmic ointments, eye-lotions, and similar medicines, which are used without medical advice, and often change a curable eye-disease into an incurable one followed by blindness.

18. Persons interested in the Society for the Prevention of Blindness are requested to communicate with Dr. Roth, *pro tem.* Hon. Treasurer and Secretary, 48, Wimpole Street, London, W. Cheques to be sent to the National Bank, Oxford Street Branch, Old Cavendish Street, London, W.

[Dr. Roth suggests that our readers should send us the results of their experience regarding accidents which have caused eye-disease and blindness. We shall be pleased to receive and publish such communications.—ED. H. W.]

### SILPHIUM LACINIATUM, THE COMPASS PLANT.

THIS is a very curious plant that has arrested some attention of late years. It is the compass plant of the western prairies of America. We learn from the *American Observer* that Sir J. D. Hooker lately published the following very interesting account of this plant in *Curtis's Botanical Magazine*.

This noble plant was introduced (from America) into Europe in 1781 by M. Thouin, and flowered for the first time in the Botanic Garden of Upsala, in Sweden. It has been in cultivation in Europe ever since, though its name and fame as the compass plant of the prairies are of comparatively modern date, it having before that borne the popular names of turpentine plant and resin weed, except among the hunters and settlers in the Western States. With regard to the history of its reputed properties as an indicator of the meridian by the position of its leaves, I am fortunate in having recourse to my friend Professor Asa Gray, now in England, who has most kindly furnished me with the following very interesting account of this matter :—

“The first announcement of the tendency of the leaves of the compass plant to direct their edges to the north and south was made by General (then Lieutenant) Alvord, of the U.S. Army, in the year 1842, and again in 1844, in com-

munications to the American Association for the Advancement of Science. But the fact appears to have been long familiar to the hunters who traversed the prairies in which this plant abounds. The account was somewhat discredited at the time by the observation that the plants cultivated at the Botanic Garden at Cambridge, U.S., did not distinctly exhibit this tendency. But repeated observations upon the prairies, with measurements by the compass of the directions assumed by hundreds of leaves, especially of the radical ones, have shown that, as to prevalent position, the popular belief has a certain foundation in fact. The lines in 'Evangeline' (familiar to many readers, and beginning—

'Look at this delicate plant that lifts its head from the meadow,  
See how its leaves are turned north as true as the magnet,' etc.)

were inspired by a personal communication made by General Alvord to the poet Longfellow. Since the leaves tend to assume a position in which the two faces are about equally illuminated by the sun, it might be suspected that their anatomical structure was conformed to this position. This has been confirmed, first by Mr. Edward Burgess, who, when a pupil of mine, observed that the stomata were about equally abundant on the two faces of the leaf; and next by Mr. Arthur, of Iowa, who has recently published, in Professor Bessey's 'Introduction to Botany,' a figure of a section of a leaf showing that the arrangement of the 'palisade cells' of the upper and lower strata is nearly the same. The leaves always maintain a vertical position, except when overborne by their weight. As to their orientation, not only is this rather vague in the cultivated plant, but subject to one singular anomaly, which may be commended to Mr. Darwin's attention. I have several times met with a leaf abruptly and permanently twisted to a right angle in the middle; so that, while the lobes of the basal half pointed, say, east and west, those of the apical half pointed north and south."

To the above (says Dr. Hooker) I have little to add. I have not been able to detect any orientation of the leaves in the Kew cultivated specimens, but these not being planted in a good exposure all round, are out of count as witnesses. On the other hand, when traversing the prairies with Dr. Gray, in 1877, I watched the leaves of many hundred plants from the window of the railway car, and after some time persuaded myself that the younger, more erect leaves especially had their faces parallel approximately to the meridian line. I

may mention that I, on the same occasion, convinced myself that the flower heads of various of the great helianthoid compositæ that grew in hosts on the prairie, did follow the sun's motion in the heavens to a very appreciable degree, their morning and evening positions being reversed. This observation did not, however, extend to the compass plant, the rigid, stout peduncles of whose flower heads would not be expected to favour such a motion.

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### CLINICAL NOTES.

By S. SWAN, M.D., New York.

(Continued from p. 214.)

(49) Prosis, eyes look sleepy from the lowering of upper lids. Cured by *Syphilinum* cmm.

(50) A gentleman had chancre on velum palati, which was congested, thickened, and interfered very much with his speech; had contracted syphilis eighteen years before, which was suppressed; never had the disease since. Gave one dose of *Syphilinum* mmm (Swan). In three days better, in six days argued a case for three hours without suffering. Afterwards the ulcer granulated and filled up, the voice being without a trace of huskiness.

(51) Inflammation of outer half of lower tarsal edges of both eyes. *Kali-bichr.* relieved the granulations, but the redness and swelling remained. *Syphilinum* dmm, one dose, completed the cure.

(52) Complete deafness, with nothing morbid to be seen. Cured by *Syphilinum* (high).

(53) Calcareous deposits in membrana tympani. Cured by *Syphilinum* (high).

(54) Feeling like a worm in the tooth; could not tell which tooth it was;—a child. Cured by one dose of *Syphilinum* mm.

(55) Herpetic eruption in mouth, tonsils, hard palate, and fauces, making it very difficult to swallow even liquids. Cured by *Syphilinum* (high).

(56) Swelling of legs from knee to the ground, the soles being painful when standing on them; the swelling goes down in morning, returning at night. Cured by *Syphilinum* (high).

(57) Biting sensation in various parts of body, as if bitten by bugs, at night only. Cured by *Syphilinum* (high).

For other cures by *Syphilinum* see my *Nosodes and High*

*Potencies*; Dr. C. F. Nichol's *Quantum Sufficit*; *The Organon*, vol. ii. pp. 46, 73, 262, 448, 461; vol. i. pp. 63, 266, 358; *New York Journal of Hom.*, vol. i. p. 109; *The Hom. Physician*, vol. i. p. 120; vol. ii. pp. 77, 139; and *The Homœopathic World* for 1882.

## CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

(1) *Obstinate Constipation cured by Magn.-mur.*—It is a common accusation against Homœopathy that it has no remedies for constipation; and this accusation is often substantiated by the inconsistent practice of certain pretended homœopaths, who maintain that where there is obstruction purgatives must be resorted to, and accordingly resort to them in all "obstinate" cases, to save themselves the trouble of searching the *Materia Medica* for the *simillimum*. How groundless is this charge of incompetency against Homœopathy let the following case show.

A lady, aged forty-five, consulted me October 7th, 1881. She had been constipated for some years; for the last six months it had been distressing, with great feeling of fulness after eating, rumbling in bowels, and discharge of flatus; for the last two months the constipation has been *very* much worse. During stool there is pain in rectum like labour-pains; it is as if the rectum and vagina were strained open, with pain in urethra, and involuntary expulsion of urine even if she had urinated a short time previously; the pain makes her set her teeth, and want to pull on something, with involuntary crying out, however much she tries to restrain it, just as in labour; the anus also feels torn, with intense burning and smarting as from a deep fissure; the smarting and burning last for two hours after stool, causing faintness and weakness, so that she must lie down; at times the stool will neither advance nor recede, and when unable to expel it she has to push it back; it is rather white (which is usual with her), otherwise is normal. On a former occasion I had given her *Nitric Acid* mm (Finckè) for an attack of constipation *with different symptoms*, and because it relieved her then she took two doses now, but without result. This was more than three weeks ago, since which she has

endured the suffering without taking medicine till she could see me.

In Lippe's Repertory, p. 133, I found, "Constipation with distended abdomen, *Bell., Magn.-mur.*;" and a reference to the *Materia Medica* showed that the latter corresponded best, having most of the patient's symptoms, though not expressed so strongly. I gave her one dose of *Magnes.-mur.* cm (Swan).

October 8th. Had a difficult stool, but without pain. The distention and flatulence disappeared and did not return.

October 9th. No stool (her bowels normally act only alternate days).

October 10. Some return of the difficulty and smarting during stool. Dissolved a few globules in water and gave five doses in the course of twenty-four hours. This gave prompt relief; she had two other stools the same day, the first softer and the last loose, with some griping in abdomen.

October 18th. Some return of the difficulty, with intense burning for thirty minutes after stool. Gave one dose.

December 1st. Has been quite well ever since.

*Comments.*—(1) The fact that *Nitric Acid*, which had relieved a former attack *with different symptoms*, now failed, proves that the homœopathician must never select the remedy on pathological grounds. Every case must be strictly individualised and the remedy chosen according to the symptoms of the patient at the time, and not because it may have formerly relieved the same or some other patient suffering from the same pathological condition to which for the sake of convenience we give a generic nosological designation. *Magn.-mur.* will by no means cure every case of constipation, but only those where it is indicated by the totality of the symptoms. Pathological prescribing ignores these minute differences, is a mere burlesque of Homœopathy, and greatly inferior to it in results, as statistics demonstrate.

(2) The constipation, which was the oldest symptom, was the last to disappear. This disappearance of the symptoms *in the inverse order* of their appearance is the test of a permanent cure; if they disappear in any other order the remedy was not truly homœopathic, and its effect will be found to be merely palliative and temporary.

(3) The pain was relieved *before* the constipation. If relief of pain precedes the removal of the mechanical cause which

produced it, it is a true cure; if the reverse, it is only a natural recovery.

(4) When after an accurately-selected remedy has ceased to act, and the symptoms return, it is never advisable to repeat the remedy without a careful examination of the patient. Most commonly some new symptoms arise, almost always indicating a fresh medicine. Hence the fatal error of giving patients prescriptions in chronic disease for them to take *ad libitum*. When, however, the returning symptoms are unchanged, or only differ in intensity, the same remedy may have to be repeated; but in these cases it is best to give a different potency, or to dissolve the same in water and give it in divided doses.

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### APIS MILLIFICA: ITS POISON.

By JAMES HEDDON, Dowagiac, Mich.

At the request of Dr. Ballard, of Chicago, I herewith give a brief account of my peculiar experience with the poison from the honey bee.

I have been a specialist in apiculture for the past fourteen years, and have learned something considerable about the business; have consequently neglected learning other things, among which anatomy and *Materia Medica* are conspicuous. You will, consequently, please accept my plain statements given in the parlance of an unprofessional.

I am thirty-seven years old, nervous, sanguine temperament (in the extreme), weigh 135lb., and have good health, but excessive general nervous irritation, mostly in the form of mild chronic neuralgia. My voice has *always* indicated rather weak bronchial organs. Never had a cough, however, before I experienced bee-poisoning. I began bee-keeping on a somewhat extensive scale in the year 1878. As stated before, it has been my sole occupation ever since. I have had as many as 550 colonies in three apiaries at one time.

Seven years ago I began to notice an itching sensation in the ears. This would come on at times, and after about two years it extended to the glands inside the mouth and near the root of the tongue. After about one more year the sensation began to be very severe in the roof of the mouth, just around and in front of the palate. It was at this time that I first discovered that the affection had a connection with the bees. To sweep the floor of one of my rooms, where

bees had fallen and been trodden upon, was sure to bring on this sensation *at once*. Next I found that to open a hive and breathe the odour of the bees (especially if not thoroughly subdued) would also cause the trouble. But, business must be attended to, and I persisted in working among the bees and bee-hives till the itching and tingling sensation crept down the bronchial tubes all around about the lungs. One night, after a day's work among the bees, I woke up about midnight with the asthma.

A celebrated travelling doctor examined me "free," and gave me some medicine for ten dollars, and told me I had a case of "bronchial" asthma that looked wicked. He looked at my throat (shortly after a bee had) and "must have something done for it at once." I was not sure *then* that bee-poison was the cause.

Finally I began making tests; leaving the whole business for two weeks, I was almost entirely clear of all, except the first symptoms in the ears, which only troubled me occasionally.

The first breath of bee-poison I inhaled on my return, was followed by all the former symptoms, seemingly in an increased degree, and in ten minutes my throat turned red, and clearly showed severe irritation. I resolved to hire more help, add to the business of honey production that of manufacturing and selling bee-keepers' supplies, and in that way absent myself from contact with the virus to a greater extent, and yet keep busy.

I have done so, and am in consequence quite free from the trouble most of the time. But if I at any time come in contact with the poison my symptoms seem to be as radical as ever—yes, even *more* so. I will cite one instance. All apiarists know that often when a maddened threatening bee flits around one's head she generally discharges into the air her poison. It is recognised by the nasal organs only. Now I have found that this occurs when none of the five senses of the healthy bee-master recognises it.

One day last autumn, after I had kept from all contact with the poison for some weeks and had no troublesome symptoms, I stepped into my yard, when an ugly bee passed within about eight inches of my face, discharging poison as he passed. About one half-hour after I was seized with perhaps the most severe paroxysm of my experience. First symptoms were an almost unbearable itching, tingling sensation of the roof of the mouth, and so on down the breathing



tubes as far as they extend ; then an asthmatic filling-up sensation.

For more than eight hours I could not speak aloud. For two or three days I could not raise my voice above common conversation. All passed off, leaving me as well as ever, by keeping away from the poison.

In correspondence with one Italian and one German, of large apicultural experience in the old countries, I learn that such cases are known there.

When we bear in mind the fact that the older system of honey production, as practised in the old world, and in this country till recently, did not bring the operator into any such near or constant contact with the bees, and that cases where individuals in this country, working upon the improved system, for any such length of time as fourteen years as a specialty, are very rare, we have reason to look for the development of many more such cases as my own.

Dr. Ballard expresses the desire to doctor my case upon the homœopathic system ; to which I assent, knowing, as I think I do, that the homœopathic treatment possesses that splendid feature over all other schools, that if it *don't* cure it *don't kill*. I will here say publicly, what I said by letter to him, that "faith" will play no part in any possible cure of my case.

I know that the laws of hygiene point strongly to the claimed base principle of Homœopathy, but I have *always* failed to get *any* effect from homœopathic remedies, given by professed thoroughbreds. I can at most consider the science as one only vaguely understood at *best*. Still its successful operations force all the other schools to step down on a level with it, to say the least, in all observing and thinking minds.

Any questions bearing upon the case will be answered promptly and with pleasure, for I think I may safely say, in the name of our fraternity, that a specific remedy for these symptoms, coming from any school, will put us under many obligations to that school.—*Homœopathic Physician*.

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### DR. GRAY, NEW YORK.

Just as we were going to press we received tidings of the death of Dr. Gray, of New York, the oldest homœopathic practitioner of America. We hope to give an account of Dr. Gray's life and labours in our next issue.

## LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted to June 7th affords the following statistics:—

Remaining in Hospital at date of last return (May 9th) .....	53
Admitted between that date and June 7th .....	45
	<hr/>
Discharged during the same period .....	98
	<hr/>
Remaining in Hospital on June 7th .....	46
	<hr/>
Remaining in Hospital on June 7th .....	52

The number of new out-patients during the period from May 9th to June 7th has been 526.

The total number of out-patients' attendances during the same period has been 2,008.

A special department for Diseases of the Eye has been opened.

May we ask why the "Throat" is excluded from this Hospital? The "Eye," the "Ear," and the "Skin" are cultivated specially, or semi-specially, then why not the "Throat"? We wonder whose petty jealousy excluded the very able applicant for the "Throat"?

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## DUBOISIA IN OPHTHALMIC PRACTICE.

DR. S. THEOBALD (*Maryland Med. Jour.*, Sep. 15, 1881) reports a case in which alarming constitutional symptoms followed the instillation of a four-grain solution of *Duboisia* into each eye, for the purpose of paralysing the accommodation. This occurrence suggested an inquiry as to the proper strength in which the remedy should be employed. Dr. Theobald's conclusions from his own experience may be briefly summarised as follows:

*Duboisia* is much more apt to occasion unpleasant constitutional effects when applied to the eyes than atropia.

It is more likely to affect the system when applied to non-inflamed eyes, for the purpose of facilitating tests for errors of refraction, than when used in cases of iritis, keratitis, etc.

A two-grain solution will usually produce complete paralysis of accommodation.

The effects of *Duboisia* upon the ciliary muscle are felt most profoundly two or three hours after its application to the

eyes; less profoundly after the expiration of ten or twelve hours.

The unpleasant effects of *Duboisia* upon the system manifest themselves within one hour after it is applied to the eyes.—*New York Medical Times*.

### TRICHLORACETIC ACID, A NEW AND VERY SENSITIVE TEST FOR ALBUMEN.

ACCORDING to the *Journal of Medicine and Dosimetric Therapeutics* M. A. Raabe has made known in the foreign journals a new reagent for the detection of albumen, which appears likely to be worth the attention of medical men. When a small quantity of trichloracetic acid is added to the albuminous urine without stirring the liquid, and taking care that the reagent be allowed to flow slowly down the sides of the glass, a zone of coagulated albumen forms where the two liquids are in contact, and this opaque deposit does not disappear on warming the liquid as a deposit formed by urates in the same circumstances does. Urates, however, are not precipitated by the above-mentioned reagent when the urine is previously diluted with one-third of its volume of distilled water. A quantity of albumen equal to 0.0295 of a gramme may be thus recognised in 250 cubic centimetres of liquid. The sensitiveness of the new reagent is therefore very great. This sensitiveness compared to that of metaphosphoric acid and nitric acid may be stated approximately in figures thus:—

	<i>Sensitiveness.</i>			
Metaphosphoric Acid ...	...	...	...	1.0
Nitric Acid ...	...	...	...	3.7
Trichloracetic Acid ...	...	...	...	6.2

As trichloracetic acid can now be supplied perfectly pure for scientific purposes, and at a comparatively moderate price, it is certain to come largely into use for clinical purposes. A pound of the acid, costing about £1, would probably supply a hospital laboratory for a whole year, as each test requires so very small a quantity of the new reagent. We agree with Dr. Shipson in hoping that M. A. Raabe's experiments will soon be confirmed by some of our London chemists, and then, as he says, we may congratulate ourselves upon having a new and important agent of research in organic chemistry and clinical medicine.

## THE "STAFFORDSHIRE SENTINEL" ON HOMŒOPATHY.

WE read in the issue of June 5th as follows:—

"A MEDICAL REVOLUTION. — The 'orthodox' medical practitioners of the United States are much exercised on the subject of Homœopathy. There is a growing feeling that it is high time the claims of the system having for its guiding motto *similia similibus curantur* should be calmly considered, and the principle and working of the system dispassionately examined. Some of the most prominent members of the medical profession in the United States have spoken on the subject. Pointing to the large number of homœopathic institutions, presided over with remarkable success by men of the highest professional standing, the 'regulars' have, in several notable instances, declared themselves in favour of fully recognising and consulting with practitioners following the new method. The Medical Society of New York has adopted a resolution which leaves no obstacle in the way of such consultation and recognition. Dr. Brodie, editor of the *Therapeutic Gazette*, advocates the friendly and tolerant attitude; while Dr. Speer, in the *Medical Record*, the leading medical journal of the United States, reasons the matter out, and decides in favour of the homœopathic method of treating disease. He concludes his article thus: 'To alleviate the pain and distress of the sick in the easiest and pleasantest manner possible ought to be the constant study of the physician, and the simple excuse for not investigating this subject, that so much prejudice has been aroused by it, is unworthy the dignity of the medical profession.' "

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## THE DEADLY CIGARETTE.

Ten little cigarettes in a wrapper fine,  
A small boy samples them and then there are nine.  
Nine little cigarettes quickly, one by one,  
Get their work in on the youth—then there are none.  
Four bearded doctors sitting 'round the bed,  
Each with a different shake to his head.  
Three big diseases waiting to destroy,  
All bearing Latin names as long as the boy.  
Two undertakers, gratitude in eye,  
Bend low to the doctors as they pass 'em by.  
One little funeral in the graveyard score,  
One little smoker less—one angel more.

## DEATH THROUGH EATING WINKLES.

DR. DANFORD THOMAS held an inquest at the Bull and Butcher Tavern, Whetstone, near Barnet, on the body of Isaac Wilson, aged twenty-eight, a baker, of High Street, Whetstone. On Saturday evening the deceased went to the Alexandra Palace, and, after spending a few hours there, returned home and bought a pennyworth of winkles of a Mr. Wheeler, a fishmonger. Having eaten them he went to bed. At six o'clock the next morning his employers hearing him moving about earlier than usual, went downstairs, and found him lying on the baker's boards in the bakehouse. He was writhing with pain and suffering the most acute agony. Dr. Stephen Berry was sent for, and discovered that the deceased was suffering from acute congestion of the lining membrane of the stomach, the latter being much distended and swollen. The poor man said, "For God's sake, doctor, give me something, for I am in dreadful pain. I have been eating winkles." Remedial medicines were given but without effect, and the deceased died on Monday. Dr. Stephen Berry deposed that he administered opium pills to the deceased and some castor-oil, but although they acted somewhat satisfactorily he was unable to remove the winkles, and death ensued from acute indigestion caused by the winkles. The Coroner said that winkles were nutritious enough to some persons, with good digestive organs, but to others they were quite the reverse. What was meat to one man was poison to another. He had had a case under his own care of a whole family being poisoned by eating mackerel. The jury returned a verdict that the deceased died from acute indigestion, caused by the eating of winkles.

## TANNER OUTDONE.

As it may, perhaps, be of some little interest to some, I will state as I was sitting in my office on the 15th day of October, 1881, I observed a spider of the *Acaneida* family, making his way from the ceiling above (suspended by his web) to the floor of the office.

I reached to my desk near by, on which lay a small sliding paper box, I opened the box, and when the spider had descended sufficiently near, that I could reach it conveniently, I allowed him to drop into the box, and as I closed it over the innocent and unsuspecting prisoner, the thought occurred

to me, how long can this little creature live without food or water? And also, is it possible he can out-do Tanner?

I then and there resolved to take advantage of the opportunity that had so fortunately and unexpectedly presented.

From that day to the present, the 15th day of April, 1882, six months, or 182 days, I have carefully watched and daily inspected the little faster, and can positively affirm he has not partaken of any food or water, only what he may have received from the air.

The box in which he was confined was as clean and white as white paper could make it, and is so now, except the appearance of a few dark specks which I suppose to be the droppings of the prisoner. I very much regret it did not occur to me to have taken his daily weight, and also that I was not sufficiently versed in science to have taken the strength and frequency of the little fellow's pulse, and his temperature. It would have been more "*scientific*," as well as more interesting. I have, however, carefully observed him every day, and sometimes two or three times in a day, and I have not been able to detect any emaciation or symptom of weakness, or irritability of temper in him, but he appears to be as active, and looks as plump and healthy as he did the day I dropped him into the box.

I propose to watch and observe him daily (if not prevented by Bergh), as long as he lives, if my life is spared.

Newburgh, N. Y. W. JONES, M.D., in *Medical Tribune*.

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## POISONING BY OXALIC ACID.

At a late meeting of the Pathological Society Dr. Norman Moore exhibited the stomach of a servant-maid, aged twenty-four, who had taken several ounces of oxalic acid, and had died in about four hours. The skin about the mouth was natural; the tongue was whitish. The epiglottis was grey, the fauces and pharynx of a pink and grey tint. The lower part of the œsophagus was grey, and the mucous membrane was detached in parts and everywhere wrinkled. The stomach was distended with dark blood. On washing out the blood, no abrasion was obvious. The mucous membrane generally was of a brownish colour, with darker lines along the course of the vessels. The mucous membrane of the duodenum and jejunum was of a greyish tint, but was not wrinkled. Below the jejunum, the mucous membrane of the intestines was not

altered, but was covered by an abnormal quantity of mucus. The large intestine contained a quantity of solid fæces. There was no peritonitis. The larynx and trachea were natural. The case was exceptional in the length of time between the taking of the poison and death, and in the large gastric hæmorrhage.

### DEATH OF A CHILD FROM CASTOR-OIL.

AN inquest was recently held by the Coroner for Central Middlesex, and from the evidence it would appear that a woman purchased some castor-oil, and gave her child—only a month or two old—"a dose," thinking that its "stomach was out of order," and that it might do it good. A severe convulsion followed, in which the child died; and the doctor who was called in expressed a decided opinion that death had resulted from the treatment. The coroner said that the practice of giving young children aperients whenever they seemed unwell was one of the most dangerous and pernicious with which he was acquainted. It could not be too generally known that, when a child vomited, the stomach and intestines became absolutely empty, and collapse might ensue. Parents, he said, should be careful to get cold-drawn oil, for many of the preparations sold were only fit for horses, and, if administered to a child, might set up intense irritation, and cause convulsions and death.

But, we would ask, why give the poor babes any aperient at all? The use of aperients generally is a silly old superstition, and worse than silly in children, and castor-oil is by no means the innocent thing commonly supposed.

For instance, the effect of the plant upon flies is said to be very deadly. Thus the *British Medical Journal* quotes the observations made by M. Rafford, a member of the Société d'Horticulture at Limoges, which show that, a castor-oil plant having been placed in a room infested with flies, they disappeared, as by enchantment. Wishing to find the cause, he soon found under the castor-oil plant a number of dead flies, and a large number of bodies had remained clinging to the under surface of the leaves. It would, therefore, appear that the leaves of the castor-oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. They say that castor-oil plants are in France very much used as ornamental plants in rooms, and they resist very well variations of atmosphere and temperature. As the

castor-oil plant is very much grown and cultivated in all gardens, the *Journal d'Agriculture* points out that it would be worth while to try decoctions of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit trees. Of course it does not follow that because the castor-oil plant is fatal to low insect life that, therefore, it is hurtful to human beings, but we have long protested against aperients generally, and against castor-oil in particular, and we hope the sad death here recorded may tend to diminish its use.

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## LITERATURE.

### LEUCORRHOEA: ITS CONCOMITANT SYMPTOMS AND ITS HOMŒOPATHIC TREATMENT.<sup>1</sup>

THIS is a good kind of work spoiled with errors, some of which are of the most gross description. Common mistakes in spelling are on almost every page, and other evidences of inaccuracies make one wonder whether the author is a *reliable* guide at all.

The title is a misnomer; the book contains nothing whatever about Leucorrhœa, either good, bad, or indifferent; it is simply a therapeutics of leucorrhœa, and, if the indications for the remedies are reliable, it is a work of no mean importance. But are these indications reliable?

In the list of remedies the acids come first, as the arrangement is alphabetical. The full stop after acid is everywhere omitted; thus we have *Acid Muriaticum* instead of *Acid. Muriaticum*. On p. 10 we read *Aloes socrotrina* instead of *Aloe socotrina*.

On page 12 we have *Ambra grisa* in lieu of *Ambra grisea*. Among the symptoms of *Ammon. carb.*, p. 13, there is this one: "Violent pressure of urine upon the bladder."

Dr. Cushing seems not very clear about the spelling of the names of our commonest medicines. Thus for *Aurum metallicum* he gives *Aurum metalicum*. Our familiar *Chelidonium* becomes *Cheledonium*, and *Elaps Corallinus* figures as *Elaps Corallium*!

<sup>1</sup> Leucorrhœa: Its Concomitant Symptoms and its Homœopathic Treatment. By A. M. Cushing, M.D. Second Edition. Boston: Otis Clapp.



On page 47 we are introduced to *Ferrum metallicum*, the dropping of the "l" having at least the advantage of saving the printer a letter.

Two pages farther on there is *Guarea* in place of *Guaraea*.

Under "Helonias" occurs this symptom: "Mucous surface of labia red, swollen, covered with curdy deposit like apthæ" (*sic*). Apart from the curtailed orthography of apthæ, who ever saw such a condition?

In order not to omit any good thing, our author treats us to *Imponderabilla* (*sic*) before *Iodium*.

On page 57 we have *Kali ferrocyanatum* in preference to the vulgar *Kali ferrocyanatum*; and on p. 70 *Millefolium* for *Millefolium*.

But we have given enough of Dr. Cushing's cacographic peculiarities, and by way of variety—*varietas delectat*—let us see what he tells us of the much-abused morphia.

Our author thus writes:—

"Morphinum.—Habitual morphine users do *not* have leucorrhœa; *so*, when other symptoms call for it, it will no doubt prove curative."

We have italicised the two words "not" and "so."

In other words, because morphine does *not* cause leucorrhœa therefore it will cure it! The "when other symptoms call for it" is charming.

Under P. we are treated to *Pediculus*, but we are left in wondering doubt whether *Pediculus capitis* or *P. pubis* or *P. vest.* is meant; or was the proving made with a *pot-pourri aux pous*?

We will not object to our author spelling *Thuja* with a y, thus, *Thuya*, because he may go in for phonetics in his spare time, but we must seriously pause at the following extraordinary symptomatology of—dare we print the name of the compound drug?—water!

Thus stand (p. 99) the astounding therapeutic indications of

"Water.—If the parts, internal or external, are hot, painful or sensitive, warm, even hot, water may be used. If the parts seem cold, relaxed, or almost insensible, small quantities of water quite cold may be used. It may be used in form of injection, wash, or hip-bath."

We should like to know whether it is permissible under *all* circumstances, empirically as it were, to take a hip-bath

in a *small* quantity of water, or must other aqueous symptoms be present?

But what of all this? Dr. Cushing gives us an even greater treat than this homœopathic hip-bath; he treats us to a feat in pharmacodynamics that has never been equalled in the Old World at least. Our biggest pharmacodynamists have been totally eclipsed at last; we should never recover from the shock only the book is printed at the Hub.

What do we mean? Why, Dr. Cushing individualises that finely that he even gets *two aspects* of the *same* remedy, according to whether its *name* be in venerable Latin or in our own more common vernacular!

On p. 15 we read:—

“*Antimonium tartaricum*.—Leucorrhœa bloody, watery, coming on in paroxysms; worse sitting down; for two days only. Menses too early, scanty, and last but two days. Urine turbid, brownish-red, with strong odor. *Burning in urethra when urinating*; scanty, last drops bloody. *Offensive diarrhœa*, with violent colic. Abdomen does not feel hard to touch, but feels as if it were packed full of stones. Out of humor. Everything goes wrong. Furious delirium. Talks to herself. Anxiety, increased by nausea.”

Mark ye, good readers, the just-cited symptoms indicate the remedy if ye be learned Latinists and call it *Antimonium tartaricum*, but if ye favour the vernacular and simply say *Tartar emetic*, then the case is altered. Those symptoms which call for *Antimonium tartaricum* are no indication for *Tartar emetic*!

Joking? Nay. Refer to page 96, and read:

“*Tartar Emetic*.—Viscid, white, mucous leucorrhœa. *Discharge of watery blood from the vagina; worse when sitting. Red urine*, with burning in the urethra. *Diarrhœa*, with palpitation of the heart.”

Thus we perceive the fine drug-diagnostician.

*Quoad leucorrhœam*: if it be bloody and watery—give *Antimonium tartaricum*; on the other hand, if it be viscid and white—give *Tartar emetic*!

This work is, the author hints, the outcome of twenty-six years' labour, and is in its second edition. What grand multinomial differentiations may we not get from Dr. Cushing's pen by the time the third edition is called for.

Seriously, as homœopaths we must bow our heads with shame at such exhibitions in our literature.

### GASTEIN, ITS SPRINGS AND CLIMATE.<sup>1</sup>

THIS is a little pamphlet issued by our well-known colleague, Dr. Proell, homœopathic physician at Gastein. It is to be regarded as an extract from Dr. Proell's larger work published in German, and is not merely a sort of Medical Guide to Gastein, but contains an account of the physiological, pathogenetic, and therapeutic effects of the thermal water.

As most people know, the Gastein water is so transparent, so light, and odourless that it might be fairly regarded as a very excellent drinking water. Its action for good in many forms of disease is admitted on all sides, and, its medicinal constituents being present in such minute quantities, it may be fairly accepted as being essentially a homœopathic spa.

Dr. Proell has made a thoroughly scientific study of the water of Gastein, and hence his writings thereon may be regarded as entirely reliable and authoritative.

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### A TREATISE ON DISEASES OF THE EYE.<sup>2</sup>

A BOOK in its sixth edition really needs no review. For the purpose of learning ophthalmic diagnostics this is a very good treatise indeed; for the purpose of curing ophthalmic cases homœopathically it is of but little use. Indeed the main purpose of the book is "to make the nature and diagnosis of ophthalmic affections comprehensible to the non-specialist," and for this purpose we can cordially commend it. Practitioners will find the series of test types for determining the state of vision very useful. The book is authoritative. Professor Angell has a world-wide reputation in his special branch.

<sup>1</sup> Gastein, its Springs and Climate. By Gastavus Proell, M.D. Third Edition.

<sup>2</sup> A Treatise on Diseases of the Eye for the Use of Students and General Practitioners. By Henry C. Angell, M.D. Sixth Edition. New York and Philadelphia: Boericke and Tafel. 1882.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

DR. BLAKE AND DR. BERRIDGE.

DEAR EDITOR,—I think it is Mark Twain who says, "First be sure you're right, then go ahead," and I would commend this proverb to the notice of Dr. Blake, who seems greatly exercised in his mind because he thinks I referred to him in the concluding paragraph of my "Open Letter to Dr. Bayes." I never mentioned his name at all, and if he chooses to put the cap on his own head, that is his look-out, not mine. It is possible to be sometimes *too* clever; and doubtless when Dr. Blake penned his comical epistle to you he was not aware that I could point out at least four patent-medicine prescribers among the applicants for the L.H., without dragging his name into the matter at all. I should have much pleasure in following our worthy colleague into the other *facetie* of his communication, but I am occupied on something of more importance. I will only thank my friend for the hearty laugh that his amusing reply caused me. *Requiescat in pace.*—Yours truly,

June, 1882.

E. W. BERRIDGE, M.D. (*but not L.H.*)

## ARNICA POISONING.

SIR,—Noticing in the *Homœopathic World* several articles on the above subject, I wish to give you my experiences of same as a non-professional.

Some ten years ago, when residing in Australia, I happened one day to slip in my garden and sprain my right ankle. A friend advised me to apply a weak lotion of *Arnica* (about a teaspoonful to a pint of water) to the injured part. I did so by means of a piece of lint saturated in the lotion. After about two days the ankle became hot, very painful, inflamed and swollen, so much so that I could not get on my boot without much pain. I determined to lie up for a few days in the hope that rest would effect a cure. Instead of getting better, the inflammation extended up the leg, past the knee

as far as the thigh. Getting rather nervous at this, I sent for the nearest medical man (I was not at that time a believer in Homœopathy), who fortunately happened to be a sensible person, who prescribed cold bandages of water swathed from the foot to the groin. This reduced the inflammation, but the whole part so swathed became *perfectly black*, but without pain, and I could walk about my room without any inconvenience, although the limb felt as if there was a weight attached to it. As the inflammation became reduced the skin began to peel off, the blackness changed to purple, thence to its natural colour. This took, however, nearly two months. The most extraordinary part was, however, that, just as I fancied I was getting all right again I noticed the *right* leg (which had no scratch or abrasure of any kind on it) began to swell and get inflamed from the ankle without any apparent cause, and as the left leg got well so the right leg went on getting worse, until at last I went through precisely the same with it as I did with its companion. It took nearly four months before both legs were quite well again. I presume the sound leg must have been impregnated with the poison of the unsound leg while resting the one upon the other in bed. At least such is the only way I could account for it.

To prove, however, how some systems are susceptible to the action of *Arnica*—my own as a case in point—some four years after my experience as related above I happened to be sitting in my library on a very hot evening, having donned a pair of slippers for the sake of comfort, when a mosquito stung me through my sock, just above the instep. I scratched the place, and a day or so after found the pressure of my boot made my stocking stick to the skin. To prevent this I cut off a tiny bit of *Arnica* plaster, and stuck it on the mosquito bite. Next day I noticed the place getting red and hot. I took off the *Arnica* plaster, and underneath found a cluster of little vesicles, and next day I had an erysipelatous patch about the size of the palm of my hand. From that day to this I have discarded having anything to do with *Arnica*, and have transferred my allegiance to *Calendula* instead.

Yours faithfully,

Cheltenham, Feb. 6th, 1882.

J. B.

### A PRETENDED COLLEAGUE.

SIR,—There is a man going around representing himself as a distressed homœopathic doctor. He is well up in the names and peculiarities of numbers of homœopaths. He claims Wilson, Skinner, Berridge, and others as his particular friends. He says he has been practising in New Zealand, and gives the name of Dr. Franklin. I think him an undoubted impostor, but his peculiar knowledge of homœopathic affairs is misleading. I tested him by asking him to call on me again the next day, and if I found his statements correct I would give him substantial assistance. He did *not* call.

I think it would be worth while to give a hint of this.

Yours, etc.,

Ipswich, June 13, 1882.

PERCY E. WILDE, M.B.

[Dr. Berridge informs us that this individual is unknown to him.—ED. H. W.]

### THE PARASITIC ORIGIN OF CONSUMPTION.

SIR,—Seeing you have noticed the above subject, will you permit me to state that though Professor Tyndall has heralded, in the columns of the *Times*, Dr. Koch as the discoverer of the parasitic origin of consumption, he can lay no claim to it, as Dr. Klebs, in 1877, read a paper on this subject before a scientific meeting in Munich, in which he announced the opinion, founded on experimental and microscopical observation, that tuberculosis was an infectious disease of parasitic nature—that it was induced by certain micro-organisms? Also Dr. Mackenzie, in 1880, found bacteric organisms in the sputum of phthisical patients, and Dr. Schüller, of Griefswald, in his researches into the etiology of phthisis, also discovered organisms in tubercular matter.

It would therefore have been wise in Professor Tyndall had he informed himself on the literature and history of this subject before he rushed into the columns of the *Times*, and advertised Dr. Koch as the original discoverer of bacilli, etc., in tubercular sputum.

But apart from this—are bacilli, etc., the etiology of phthisis?

Pus, brain, cheese, etc., when inoculated, will set up morbid processes in various organs which cannot be dis-

tinguished from those which are produced by the inoculation of tubercle itself. If these micro-organisms can be thus produced, how can bacilli be the etiology of phthisis?

Even assuming that bacilli are the causation of tubercle, may the question, *cui bono*, not be asked therapeutically? and the allopaths have answered it thus. Dr. Krocza, in the hospital at Innsbruck, caused patients to inhale *Benzoate of Soda*, with somewhat favourable results, thus acting on the antiseptic principle; but as organisms are, I presume, the result and not the *cause* of phthisis, in order to cure consumption is it not more rational to treat the causation thereof and not the outcome?

For this desirable object the law of the S. S. C. comes to our aid, and indicates how best to either prevent, ameliorate, or cure phthisis, without torturing animals by vivisection, etc., or trusting to the experiments in the laboratory, however interesting physiologically and pathologically they may be, but which nevertheless add but little to therapeutics; and as the cure of disease is the object of the physician, and as this can only be accomplished by the administration of medicines, would it not be more scientific, more rational, more useful, for doctors to prove and test remedies according to the homœopathic axiom before prescribing them, instead of spending much time and labour in investigating the often occult etiology of disease by too frequently useless experiments upon *putrid* matter, such as the sputum of phthisical patients, and by other horrid cruelties on living, sentient creatures?

H. HASTINGS, M.D.

Ryde, 11th June, 1882.

### L.R.C.P. AND MENYANTHES.

SIR,—I am myself beginning to perceive, through your "Pharmacological Fragments," that I was indeed wrong in stigmatising *Menyanthes* as a "third-rate remedy." I stand corrected, and hereby apologise both to Dr. Berridge and to *Menyanthes*.

With regard to Dr. B.'s advice that I should carry Lippe's *Repertory* to the *bedsides* of my patients, my answer runs: Is thy servant a dog that he should do this thing? As to giving my name, I am well known to the Editor of the *Homœopathic World*, who is also aware that I have sound reasons for signing myself only

June 9, 1882.

L.R.C.P.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. BAYES.—We retired from the L.H. because of the *quality* of your advocacy of it, *as you well know*; if you cannot differentiate between the *principle* of the L.H. and the thing itself, it is rather hard that you should blame us instead of mother nature. We shall be happy to settle any personal differences with you privately, but only on the condition already named to you privately. If that is not fulfilled,\* we shall revert to them, and widen the subject somewhat. By the way, why do you still print yourself "Hon. Secretary" to the School two full months after the appointment of Dr. Pope to that office? This sort of thing is very unseemly.

\* Since this went to press you have fulfilled this condition, and therefore we allow the matter to drop.

DR. BRADSHAW, WORTHING.—We are very glad to learn that your health is so completely re-established, and that you have begun to practise at Worthing.

CORRESPONDENTS.

Communications received from Dr. Edward Blake, London; Dr. Süss-Hahnenmann, London; Dr. Berridge, London; R. Bailey Walker, Esq., Manchester; Dr. Proell, Gastein; Dr. Matthias Roth, London; Dr. Hastings, Ryde; Dr. Wallis, Taunton; Dr. Stone, Southend-on-Sea; Dr. Maffey, Bradford; Dr. Pope, London; Dr. Percy Wilde, Ipswich; Dr. Black, London; Dr. Hughes, Brighton.

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RECEIVED.

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Treatment of Lateral Curva-  
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Roth, F.R.C.S.

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## The Homœopathic World.

### CONTENTS OF JUNE NUMBER.

#### LEADING AND GENERAL ARTICLES:—

The Parasitic Origin of Consumption.  
Pharmacological Fragments: Rhododen-  
dron Chrysa.

To the Rhododendron.

On the Physiological Action and Thera-  
peutic Uses of Rhododendron.

Cases from Practice.

Domestic Hygiene. IV. How to Disin-  
fect a House.

Homœopathy in Austro-Hungary.

A Homœopathic Deputy.

Homœopathic Hospital for Children in  
Portugal.

Memorial to a Physician's Wife.

Tonsillitis.

Notes by the Way.

The Commercial Value of Homœopathic  
Treatment.

History of the Apple.

Sure Death to Fleas and Flies.

Whether is Cultivated or Wild Bella-  
donna better?

Testimonial to Dr. Hastings, of Ryde.

#### LITERATURE:—

Ophthalmic Therapeutics.

Supersatinity of the Blood.

#### REPORTS OF INSTITUTIONS:—

The Hahnemann Convalescent Home and  
Homœopathic Dispensary, Bourne-  
mouth.

London Homœopathic Hospital.

Newcastle-on-Tyne Homœopathic Dis-  
pensary.

Homœopathic Dispensary for Maiden-  
head.

#### CORRESPONDENCE:—

Dr. Berridge's Open Letter.

Dr. Hughes on Heilkunde and Heilkunst.  
Menyanthes Trifoliata.

Homœopathic Practitioner wanted at  
Middlesbrough.

SHORT NOTES, ANSWERS TO CORRESPON-  
DENTS, ETC.

# THE HOMŒOPATHIC WORLD.

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AUGUST 1, 1882.

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## CAN WE GIVE UP THE NAME?

THIS question has again cropped up for the hundredth time, and hence we must perforce renew the question to ourselves.

Shall we give up the name Homœopathy?

There is a certain small section of homœopathic practitioners that seem to seek our professional salvation in the giving up of the name of homœopath. We are told it is for our own good, for the good of the cause, and for the good of medicine in general, that the word Homœopathy and all its derivatives should be blotted out of our vocabulary. It is, say they, the only way to conciliate the profession. They maintain that the name is a serious obstacle to the thing; they ask us to believe that if we were to sink the name our dearly-beloved allopathic brethren would give us a warm accolade on the professional stage, and then the curtain would drop, and there would thenceforth be no sectarianism in medicine, nothing but unity and concord would exist, and everything would go on swimmingly, and we should crown ourselves with glory and do away with the possibility of our meaner brethren trading on a name. We are even threatened that if we do *not* give up the name we shall by the very fact proclaim that we are mere schismatics, heretics, and sinners, and only retain the name from vile motives. In fact, first the wheedling and whining and then the threat.

It is true only very-few hold these views, but those who do hold them evidently believe in them, for they work on at the internal development of our medical reform with unabated zeal.

It is a good while since they mooted the question, and the allopaths know them well as homœopaths who are willing to annihilate the name to effect unity.

What do the allopaths say? They have these up-givers of the name in the most unmitigated contempt, and openly

twit them with wanting to sneak into the regular camp and be thought what they are not (*i.e.* fifty years behind the times!).

While we are quite prepared to admit the pure motives of the would-be up-givers of the name, we cannot but feel that their philosophy is very shallow, for they fail to pay due regard to the realities and necessities of actual life, and the deeper meanings and significance of names and designations.

Distinctive names are an absolute necessity of language-speaking society. Take, for instance, the theological world. How many sects of Christians there are, and they all have names. They all hold the cardinal doctrine of redemption through Christ, but *collaterally* they hold severally distinctive names because they hold as many doctrines. Some have striven hard against sectarianism in the Christian Church, and obstinately refused any sect-name. Have they succeeded? No! they have not. Every body of people that hold certain views either choose a name, or society quickly dubs them with a nickname. Words are names of things, of ideas, of conceptions, and as soon as anything comes into existence it gets a name just as surely as every baby must have a name. There is a body of Christians that have always refused any sectarian name; they claim to be Christians—just Christians and nothing more. What is the result? Society calls them *Plymouth Brethren*. In vain they protest, in vain they persistently refuse the name, and yet the more they will not have it, the more certainly is it theirs, and their only escape is *by accepting* the name of *The Brethren*.

There is an irresistible force of circumstances in life that sweeps everything before it, and it is tersely embodied in our proverb, "The baby *must* have a name."

It is in obedience to this *law* that new words *come*. What else has given us the new word "Boycotting"? Simply the necessity of having a name for the thing. And the necessity is absolute. Do not fat people "bant"? Mr. Banting's name happened to terminate like the participle present of an English verb; he was very stout; he showed how he got thin, and that society calls "banting," and our national speech has a new word: first the thing and then its name. No individual can create a new word in common language without necessity; new words come to designate new things, and doubtless this lies more or less at the root of all language, all sorts of circumstances being the determining factors in giving *form* to the new names.

Hahnemann elaborated a system of medicine based on the law of similars, and after a while he called it "Homœopathy," and if he had not given it a name the world would have dubbed it with some name. Hahnemann's word would never have obtained the right of citizenship had it not been a necessity for the world to have the thing named.

Clearly therefore *we have not the power* to give up the name of Homœopathy any more than we have the power to give up the name Baptist, Wesleyan, Catholic, or Church of England. Those who take up a crude kind of second-hand Homœopathy and refuse the name of homœopath are forthwith dubbed "Ringerites," and their practice "Ringerism" or "Crypto-homœopathy." The word "Tory" has become, one may say, partially obsolete because "Conservative" has taken its place, but it is still there to designate an ultra-conservative.

Do what we will we must have a name or a nickname, so long as we practise homœopathically *and others do not*. As soon as Homœopathy becomes the rule and not the exception in practical medicine, then the *name* will of necessity enter upon its obsolescent stage, and there will then come a time when it will designate an ultra-homœopath just as Tory now means an ultra-conservative. Should ever anything be discovered that would have greater merits than Homœopathy, then the new departure would get a name, and finally leave the name Homœopathy as an historical term.

In the meantime Homœopathy is by far the best method of drug-healing known to the world, and until it becomes universally accepted, or is superseded by a more fit, it must, and infallibly will, continue to be called what it is.

Let our friends, therefore, cease to make themselves ridiculous by attempting the impossible. Agitating to give up the name and *keep the thing* is mere child's play, would be misinterpreted by enemies, and finally fail, *because it is impossible*.

Let *all* the homœopaths of the world meet together in solemn conclave and unanimously decree that the name shall be given up—what then? The entire press of the world would comment upon it, and say the *homœopaths (!)* had determined to give up the word *Homœopathy (!)*, and thus the *name* would be less given up than ever, for people would still go on calling a spade a spade or a *delving instrument that used to be called a spade !*

The best way to *extinguish the name* is to *teach the thing* in

all our regular schools, and thus make it universal as quickly as possible, *then* Homœopathy would be included in the general term medicine, and the necessity for its existence would have gone; and every unnecessary word dies.

We hear it said that in this country, Homœopathy will be absorbed by general medicine because of the *paucity* of its professors, and so the name will cease to exist; while, we are told, it will exist as a separate thing in America, because they there count their homœopathic practitioners by the thousand. Not at all; *the very opposite* will be the case, because it will sooner leaven the whole lump in the New World than in the Old, for the simple reason that many are more than few.

If the general profession of this country continue to refuse Homœopathy university and hospital rights, so that new practitioners may be well instructed in homœopathic treatment, the time must come, and is even not so very far distant, when a stream of educated American homœopathic practitioners will steadily pour in upon us and swamp the old-school practitioners.

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### THIS YEAR'S HOMŒOPATHIC CONGRESS.

THOSE British physicians and surgeons who uphold the scientific method in the drug-treatment of disease, and who are commonly called homœopathic practitioners, assemble all-yearly in congress, this year at Edinburgh. We put the name in Egyptian type, as the land of the Nile just now commands attention, and we want every attention to our call—Come to Edinburgh: date the *seventh day of September*, 1882. Colleagues whose memories are treacherous may remember it mnemotechnically as 7th of 7-ber.

Place: Windsor Hotel.

Hour: 10 a.m.

President: Dr. Drury.

After the President's Address, Dr. Blackley, of Manchester, will read a paper "On the Action of Diastase as exhibiting the Action of Infinitesimal Quantities."

After thus considering the infinitesimal doses of drugs, members will take a turn at a macroscopic luncheon, to prepare themselves for Dr. Walter Wolston's notes on "A Peculiar Case of Acute Nephritis," whereafter Mr. Deane

Butcher, of Windsor, gives an essay "On the Periodicity of Certain Diseases and their Homœopathic Treatment."

If time permit, Dr. Bayes will make a few remarks on the proposed L.H. diploma, which will doubtless set the bile a-flowing in most of the members; and this will not be without some advantages, for there will be *Dinner* at 6 p.m., and no end of toasts to drink.

It is a good way to Edinburgh, and we fear lest the distance may deter a few from attending the Congress.

On previous occasions, when the Congress was at English towns, not a few homœopathic medical men excused themselves on the ground that they were "going to Scotland," so we may expect these gentlemen all to be there.

Homœopathy owes a good deal to Scotchmen and to Scotch graduates—and so does almost every other great and good thing—so let us all put in an appearance at old Edinburgh, and have the soul-stirring "Auld Lang Syne" before we part to cheer us on in the coming year.

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## GREAT GATHERING OF HOMŒOPATHIC PRACTITIONERS IN AMERICA—MEETING OF THE INSTITUTE.

EVERY year shows us more and more certainly that the centre of gravity of Homœopathy is in America and not in Europe. We have just been perusing in the *New York Medical Times* for July, 1882, a very able and terse report of the thirty-fifth session of the American Institute of Homœopathy, which was held at Indianapolis, Ind., June 13th to 17th, 1882, and from which we extract our information:—

The meeting was called to order by the president, Dr. Wm. L. Breyfogle, and prayer was offered by Rev. E. A. Bradley.

Dr. O. S. Runnels, chairman of the local committee, then introduced Hon. D. W. Grubbs, mayor of the city, who welcomed the members in words most felicitous. Of the Code of Ethics he echoed the general feeling of laymen on the subject as follows:

"I do not know whether this Institute has a code of ethics or not. If it has I am sorry for it. The code never made a sick man well or set a broken limb. It never soothed a

pain or brought rest to a disordered brain. But it has produced quarrels, discord and delay, and left men to suffer and die, when prompt action might have brought relief. Men whose profession it is to care for and preserve the lives of others have no right to discuss technicalities while their patients suffer and perish. The call of humanity is stronger and more sacred than any clause of any code, and that school which resolves to listen only to the call of duty will find the calls coming at all hours and from the best classes of people."

Dr. C. T. Corliss, in behalf of the profession of Indiana, extended an eloquent and cordial welcome, in part as follows:

"This is a proud day for the disciples of the illustrious Hahnemann, in the metropolis of Indiana. It is an occasion that will long be remembered by those whom you have honoured with your presence here to-day. It will give them fresh courage to stand and do battle for the right. This is a feast gotten up somewhat after the fashion of those where the guests furnish the viands, and all the 'surprised' host has to do is to furnish the tables whereon to spread the repast and then to sit down with the guests and assist them in disposing of it. We welcome you to-day, grey-haired veterans, as pioneers of this grand army of intellectual progress. We welcome you from the harvest fields of the rock-ribbed north; from the everglades of the sunny south, and from the granite hills of New England, whose lofty summits reflect the first rays of the morning sun, and from the vine-clad fields of the prairied West. We welcome you with your sheaves of ripened grain to this summer thrashing-floor. And you who have come with fans in your hands to winnow the chaff from the wheat, we greet you with a most cordial welcome, and may you be eminently successful in separating truth from error as the refiner separates the gold from the dross. And you, young men and women, we welcome you to this feast of fat things, of wine on the lees, of wine on the lees well refined. Sit you at the feet of these grey-haired Gamaliels, and, like true disciples, learn from them lessons of wisdom which shall be to you, in after years, as a pillar of cloud by day, and as a pillar of fire by night. To-day you celebrate the thirty-ninth anniversary and the thirty-fifth session of the American Institute of Homoeopathy. Thirty-nine years ago, and the stalwart form I see before me to-day, and whose giant tread is being felt

throughout the American continent, was but a puny infant, still wrapped in its swaddling clothes, and in fancy I see Herods of that day seeking the young child's life. Prejudice, born of ignorance and blind intolerance, would fain have sealed the lips of Galileo for ever. 'But the world does move, after all.' Hahnemann was proscribed by his own kinsmen; ay, more, he was ostracised from the land of his nationality. But manfully he stood at the wheel of the noble craft which he had launched, all alone, upon the turgid waters of the sea of German philosophy. Little at first, it has become mighty at last. Like the mountain avalanche, born among the glaciers of the Alps, this incontrovertible idea of the doctrine of simillimum, conceived in the brain of the immortal Hahnemann, has materialised and spread until it fills the enlightened portions of the civilised world as the waters cover the bosom of the vasty deep. The labours of the physician are arduous and often but poorly requited. And it is but seldom that you hear of one who, after having borne the heat and burden of the day, is voted a vacation by his parishioners, and money put into his purse that he may visit some watering-place at home, or some famous cities on the continent, abroad. 'Through summer's heat and winter's frost, like the faithful sentinel that he is, he will be found at his post of duty, ready to relieve the sick and the dying.'

President Breyfogle responded in behalf of the Institute in his usual happy strain, declared the session ready for business, and proceeded to deliver his annual address, which was enthusiastically received.

To give anything like an adequate report of the proceedings would more than fill a whole number of the *Homoeopathic World*, and this space we cannot afford. We think it therefore more fair not to pretend to report the work done at all rather than give only a page or two to it. On the other hand, we hope opportunities may offer to bring some of the best papers read at the meeting, in part or in whole, to the pages of this journal. We venture to express a hope that the "Transactions" will be in our hands without any undue delay. We will just note the place of meeting and the officers elect for 1883, and the *Banquet*.

Niagara was unanimously selected as the place of meeting of the Institute for 1883. The time was left to the judgment of the Executive Committee.

The following were placed in nomination for the respective offices. No second nomination for any office, and the



secretary was kept busy counting the ballot. It was a rare love-feast in the history of the Institute:—President, Bushrod W. James, M.D., Philadelphia, Pa.; Vice-President, O. S. Runnels, M.D., Indianapolis, Ind.; Treasurer, E. M. Kellogg, M.D., New York, N.Y.; General Secretary, J. C. Burgher, M.D., Pittsburgh, Pa.; Provisional Secretary, T. M. Strong, M.D., Allegheny, Pa.; Board of Censors—Chairman, F. R. McManus, M.D., Baltimore, Md.; R. B. Rush, M.D., Salem, O.; D. S. Smith, M.D., Chicago, Ill.; F. H. Orme, M.D., Atlanta, Ga.; Millie J. Chapman, M.D., Pittsburgh, Pa.

Dr. McManus, in acknowledging his election, stated that he had never missed but one meeting out of the thirty-five sessions, and he believed that this was the thirty-fourth time he had returned his thanks to the members of the Institute for electing him to the Board of Censors.

Dr. J. O. Guernsey, of Philadelphia, Pa., presented his resignation as provisional secretary, to take effect at the close of the session. On motion, the resignation was accepted, and Dr. T. M. Strong, of Allegheny, was elected to fill the unexpired term.

The Institute adjourned at 6 p.m., to attend the banquet, tendered by the physicians of Indiana to the members of the American Institute and their friends.

#### THE BANQUET.

Dr. F. H. Orme, of Atlanta, Ga., presided as toastmaster, and spoke briefly as follows:—The banquet is a common incident of the meetings of the American Institute of Homœopathy, which aims at improvement, fraternity, and enjoyment. Although we are the guests of our hospitable Indiana hosts, we are still, in a sense, in family meeting, enjoying a sort of love-feast. At least we are in the house of our friends, and can, without impropriety, speak of ourselves; we may even indulge in self-congratulations and self-glorification; we are really proud of our Institute—its meetings and its work.

Our gatherings at these annual sessions, comprising, as they do, members from all parts of our country, and often from other lands, represent an aggregate of travel, in coming and going, of hundreds of thousands of miles. Surely this indicates something of importance. Hither have come many who have brought the elaborated productions of active and

cultivated minds, and here are compiled the valuable collections which go to make up the admirable volumes of Transactions of the American Institute of Homœopathy. And what volumes they are! Are they not matchless? May you not challenge the world and ask, Where can be found volumes of any medical association of equal merit, of equal usefulness to the profession and to humanity? And will not echo bring back to you the only answer. When the circulars outlining the work for these meetings, and the announcements of our colleges represented here, showing that every department of medical study is included, are taken in connection with these volumes of Transactions, they prove the universality of the investigations of homœopathic physicians and the comprehensive scope of their practice. And yet (can it be believed?) there are those ignorant enough or graceless enough to impute exclusiveness to homœopaths! Shame mantle the cheek of him who will thus infamously traduce!

Besides the advantages accruing to the profession and to the people from these assemblages, there is a satisfaction and an enjoyment in them to which it is agreeable at this happy moment to refer. It has been said by some philosopher that he who shall have half a dozen friends in the course of his lifetime may account himself fortunate, and such, perhaps, may be the common case, but those who witness the warm and hearty greetings which take place at these gatherings will readily conclude that the fortunate members of this Institute can number their friends by scores, if not by hundreds. Here it is that we meet friends and make friends. Indeed, we should all be friends.

There is heart-cure and there is brain-cure in these meetings. There is rest to the mind and to the feelings in the respite from the cares of professional life. There is improvement and there is refreshment in the comminglings in which views, and feelings, and experiences are compared. The members return to their homes and to their labours with enlarged knowledge, often with new books, new remedies, and new instruments, always with new ideas and new feelings, and sometimes with new leases of life. And then there are the treasured memories which are borne away, and which cannot be obliterated—which are a comfort and a solace beyond even the time in which ability to gather at the banquet continues.

"Long, long may we gather as years roll around,  
At these Institute meetings—wherever they're found;  
And may memories grateful, and lasting, and sweet,  
Be the part of each member, whenever we meet!"

He then announced the following toasts, the responses to each and all being fully up to, if not surpassing, those of similar entertainments in previous years. Amidst so much of excellence comparisons cannot be drawn.

The *menu* was excellent and the toasts also.

The first was to "Samuel Hahnemann." In silence and standing.

The second to "The American Institute of Homœopathy, the oldest National Medical Organisation in America." Response by the President and President elect.

The seventh to "The State of Indiana." Response by his Excellency Governor Porter.

The eleventh "To our Friends in Old England." Response by J. P. Dake, M.D.

Our American brothers showed, in the President's address and at the banquet, that they have a warm corner in their hearts for Old England and us Old Englishers. Last year, here in London, we showed them, as well as we could, that next to ourselves we love them best. May their shadows never grow less, and may the Institute meet next year without any gaps in the ranks.

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## EFFECT OF AN OVERDOSE OF PODOPHYLLIN.

By Prof. D. W. PRENTISS.

AMOUNT taken about 60 centigram; (10 grains).

Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking podophyllin for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9 at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m., feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which

it was not; then came a fearful pain in the occiput, as "though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began—first the contents of the stomach; then thin, bitter, dark-green fluid—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at 1 o'clock in the night—eight hours after the podophyllin had been taken—when I found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.

[This case is from the *Phil. Medical Times*, and, apart from its importance as a contribution to the pathogenesis of Podophyllum, we hope it may prove a timely warning to those who in the name of Homœopathy purge with Podophyllin. In our practices aperients and purges may, occasionally, be called for, perhaps, but they are no part of Homœopathy.—ED. H. W.]

CASE OF POLYPUS OF THE EAR CURED BY  
MEDICINE.

By J. C. BURNETT, M.D.

WHEN I speak of curing polypus by medicine I mean by its internal administration only. In this case no local application of any kind was used; the patient's diet was not altered, and she did not change her place of abode, or rather habit of going about, so that nothing exists to lessen the value of the evidence of drug action which I shall adduce.

On November 18th, 1880, a gentleman accompanied his wife to me to show me her ear, and to advise about her state generally. She had become alarmed at the growth of a polypus in her right ear, and had consulted a surgeon in their neighbourhood, and this gentleman had given his opinion that the polypus would have to be excised. He used the word *operate*, and that frightened the lady. The surgeon repeatedly expressed his anxiety about this polypus, and insisted that it ought to be cut out, as "nothing" else could "cure" it. How much older will the world get before it knows the meaning of "curing"?

Patient had had a running from the right ear for many years. This otorrhœa was worse whenever she ran down in health, and the discharge soiled the pillow-case a good deal. On the floor of the meatus one saw a polypus of the size of half a marble, and the sequel showed that there were two or three smaller ones around it. Had been "to half a dozen doctors for her constipation," but in vain. Had severe leucorrhœa.

R. To. *Hydrastis Canadensis* 1x, five drops in water three times a day.

February 22, 1881. She was not materially better. R. *Tellurium* 6, one drop in water night and morning.

I will not be wearisome by giving a needlessly wordy report, but I may say that the *Tellurium* 6 was continued for several months, and resulted in curing first the leucorrhœa and constipation, and then the otorrhœa, but the polypus did not go; it certainly did wither a little, and it went smaller, but it was still very visible when the meatus was dilated. After the *Tellurium* several other medicines were given, but the polypus persisted in its modified state, and even grew a little once or twice after a cold.

Finally, in August, I prescribed *Thuja* 30 in infrequent

doses; four spread over four weeks, each dose consisting of two drops on sugar-of-milk.

My story ends here, for on September 24th the withered-up polypus fell out of the ear. On September 26th I saw the patient, and could find no polypus, though there were still the traces of it.

Patient is now in excellent health, and her ear is well both of the running and of the polypus.

Without Hahnemann's Homœopathy I could not have cured this case, still I must not confess to being a homœopath, although, outside of Homœopathy, I know of nothing that could have cured it. The polypus was a sycotic manifestation, and the minimum dose of *Thuja* cured it. *Hydrastis* did a little good below the midriff; *Tellurium* cured the otorrhœa, leucorrhœa, and constipation. Shades of Carrol Dunham, tell us *why*? But the polypus would not depart sans antisycotic.

London, June, 1881.

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## MECHANICAL VIBRATION AS A THERAPEUTIC AGENT.

By GEORGE H. TAYLOR, M.D., New York City.

THE therapeutic effect of mechanical vibration now claims attention from European sources. The magnifying effect of distance and of foreign origin will probably produce the effect of promoting inquiries of both physicians and others as to the meaning and possible value of the seemingly new mode of cure for *nervous complaints*, since it is practically conceded that in this direction therapeutics are sadly at fault.

The *Popular Science Monthly* quotes, in its miscellany department, the remarkable results of investigation of M. Boudet, of Paris, and Dr. J. Mortimer-Granville, on the application of mechanical vibrations as a remedy in neuralgia.

According to the article referred to the experiments of these two inquirers were conducted separately, at different times, by different methods, and without each other's knowledge.

"The publication of M. Boudet was earliest in time; but Dr. Mortimer-Granville has been prosecuting his researches

for several years, while he intended to withhold the results from the public till the efficacy of the new remedy could be fully established. The publication of M. Boudet has, however, made it necessary for him to describe his own views and experiments so far as he has gone although he considers them imperfect. His first mechanical experiment consisted of tapping over the fifth nerve, in ordinary facial neuralgia. The results were 'very remarkable.' He then devised an instrument capable of delivering a known number of blows per second. The operations of the instrument were remarkable, although they are not yet considered decisive as to its efficacy." The reason for which is capable of explanation, as will appear farther on. "In numerous instances pain was arrested by its application, and did not return. When applied over a healthy nerve, which was so situated as to be thrown readily into mechanical vibration, it produced a sensation like that caused by the passage of a weak, interrupted current of electricity, changing, when the action was prolonged, into a sensation of tingling, then numbness, and finally into some twitching of the superficial muscles. A nervous headache or *migraine* could be produced by an application to the frontal ridges or the margins of the orbit. In some instances where pain existed the sensation was aggravated by an augmented state of the vibration into which the nerve was thrown by the shaking of the adjacent tissues."

These statements indicate that the experimenter has not yet learned the conditions controlling the power in question sufficiently to be able to assure its desirable and avoid the undesirable effects: that it is, in fact, a power capable of misdirection, like every remedial agent.

"M. Boudet relates in his paper that by the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear; provoked contractions in hysterical patients at the Salpêtrière as rapidly as with the magnet or electricity, and subdued the pains of an ataxic. With a modified instrument he was able to produce local analgesia, often anæsthesia in a healthy man, or a sensation of approaching vertigo and a *desire for sleep*. An attack of *migraine* could be cut short by the application. Neuralgia, especially of the fifth nerve, disappeared after a few minutes' application of the instrument, but it was more difficult to get good results with deeper-seated nerves."

The facts now known to exist relating to the anæsthetic

effect of mechanical vibrations are imperfectly stated in the above quotations. This incompleteness may be accounted for on the supposition of imperfection and lack of variety in the instrument employed for transmitting motion to vital parts; to deficiency in the mechanical energy really transmitted, and to incompleteness of the experiment in various particulars.

There is really no problem of physiology more susceptible of easy and complete demonstration than the anæsthetic effect of mechanical vibration on healthy parts. Indeed, so completely is sensation annulled in parts submitted to this agency that there is no doubt but, were other essential mechanical conditions capable of simultaneous fulfilment, the capital operations of surgery might be painlessly performed under its anæsthetic influence. The writer has many times witnessed the production of extended abrasions of the skin, and otherwise painful injuries inflicted while the part was being submitted to vibration, without the least consciousness on the part of the subject.

Scarcely less complete and satisfactory is the abolition of pain in cases of local neuralgia, whether of the facial, or sciatic, or any other nerve. Sometimes, as stated, the pain is abolished at a single sitting; in other cases a more or less prolonged *specialised* use of the agency is required to secure permanent and satisfactory results. All depends on conditions, which only the practical physician who has studied the peculiarities of the agency in connection with peculiarities of the constitution of his subject can properly estimate and control. Untutored neophytes in this branch of therapeutics, constitutionally unadapted to investigation, will often fail through lack of being properly equipped. This class of inquirers will easily abandon the richest fields of inquiry, without perceiving the least degree of merit therein.

While the present writer gives corroborative evidence of the truth of the main conclusions promulgated by the authors above quoted, justice compels him to state, that though true, they are by no means new. A far more extended series of experiments than those indicated have been carried forward by him, and have not only afforded similar initial results, but these have been so successfully reduced to practice, that numbers of otherwise hopeless invalids, in various forms of nervous disease, have been actually and permanently restored by the agency here set forth as new.



More than ten years ago several articles, written by the author, appeared in the *New York Medical Journal* (Appletons, publishers), elucidating the therapeutic principles having facts similar to the above as their basis, and their application in actual practice. These were the outcome of several previous years of experience, and, it may be added, of invention, relating to the different modes of transmitting energy to vital objects by means of mechanical vibrations. These articles gave details of the mechanism required, the effects of different degrees and rates of motion, modes of transmitting, conditions necessary, and efforts and success in a variety of cases cured, from an exclusively therapeutic point of view. So much of theory was also included as seemed essential to establish a proper connection of effects with causes through physiological and other facts of science.

These articles were in part or whole copied in correct English medical journals, and quotations from them, giving a brief view of the original articles, were actually made by some of our own medical periodicals.

The substantial parts of these writings were afterwards adapted to answer the inquiries of invalids, and published in book form, under the title of "Paralysis and affections of the Nerves, and their Cure by Mechanical Vibrations." This is a small work now published by the American Book Exchange, at 764, Broadway, at 40 cents.

No physiological *rationale* of the facts stated appears to be given by the Transatlantic experimenters. The theory, however, is suggested: that pain is the result of abnormal nervous vibrations, and that the operation of the vibrating instrument, that is, the communicated vibration, is to arrest such vibrations by opposing counter-vibrations to them.

This theory is unsatisfactory, because it implies that a *definite rate* of vibrations needs to be communicated to produce the desired quieting effect. The requirement is opposed to facts—any rate *above* a certain minimum being found efficacious in increasing degrees.

It also implies that the effect of the application is limited to the *sensory* results; which is an assumption demonstrably the reverse of the truth. Indeed, it is believed to be demonstrable that the diminution of pain is the last of a series of processes beneficially influenced by the application, extending widely through the domain of physiology. In other words, that the pain is abolished because the causes contributing to produce *conditions* producing it are removed,

even though these be complicated and numerous; that the effect in question is the result of perfecting, in its way, the physiological processes, upon which all power, whether manifested by pain or as ordinary sensation, special or general, ultimately depend.—[From an American contemporary, the reference to which we have lost.]

## PHARMACOLOGICAL FRAGMENTS.

### *Aralia racemosa*—its Cough.

It is with real pleasure that I respond to Dr. Burnett's call for information of the effects in practice of *Aralia racemosa*, which until he brought it under the notice of the readers of the *Homœopathic World* some time since, was to myself, and I have no doubt to many of my colleagues, a weapon of our homœopathic armamentarium of which we knew little more than its name; and I think I am justified in this by pointing out that it is a remedy which found no place in Allen's *magnum opus* until, as a sort of afterthought, it was inserted in the supplement, and what there appears being transcribed almost verbatim from the fourth edition of "Hale's New Remedies." I had read what Hale had to say about it, but did not ever possess the drug until I read Dr. Burnett's paper upon it. I believe Dr. Burnett in his article on this remedy struck the keynote in its symptomatology, and as I am fond of "keynotes"—"Laziness!" I hear some of our brethren exclaim—I have stored this one up, with a few others of like character, ready for use when needed. It is this—the most certain indication of the remedy being called for is that the sufferer awakens out of his first sleep with a violent paroxysm of coughing and dyspnoea. In February of the present year I prescribed it for a friend and patient of mine; he is an asthmatic, and his father had to leave Bradford some years since to reside in the south on account of the same trouble. My record of his symptoms on the occasion of my first prescribing *Aralia* was:—"Has far more cold; cough very troublesome in the early part of the night, and wakes him out of sleep." The effect was almost marvellous. He had had two bad nights, but the first after taking the *Aralia* was quite undisturbed. This made a great impression upon his mind, and he will not be without the medicine in his travelling case or in his pocket on any account. Only a few days ago he came to me to ask if I

A A

thought it would do his father any good, as he had had a severe attack of asthma in the night, after a comparative immunity from it for several years, during his residence at Torquay, where he now lives. I gave him a supply of the pilules, but have not heard the result of their use, as the attack had subsided when the medicine reached him. I could give details of at least a dozen other cases in which the benefit has been almost as marked as in this. The best results have always been where the "key" symptom has been most marked. One of my dispensary patients, a man prematurely old, with chronic asthma, who has suffered much at the hands of the allopathic fraternity, says, "The pilules are worth their weight in gold."

I have found it useful in allaying the cough in two or three cases of relaxed uvula. Especially was this so in a poor young girl attending at my dispensary, who had been under my care for a long time, with the whole of the velum pendulum palati in a tumefied and relaxed condition. One day, finding nothing gave her any more than temporary relief, I tried *Aralia* as a sort of *dernier ressort*, and was greatly surprised and pleased with the rapid relief it gave her.

Under these circumstances I commend to the very careful consideration of my colleagues this most useful remedy. I do this very strongly for the particular symptom of paroxysmal cough awaking the patient out of the first sleep, and because I find no mention of this particular manner of the paroxysm setting in recorded in any of the provings that are accessible to me.

J. MAFFEY, L.R.C.P., Etc.

Bradford, Yorks, July 13th, 1882.

### Cactus grandiflorus in Heart Disease.

One of the most striking cases of relief from the use of this medicine came under my notice some few years ago when I was practising in Maidstone.

I had been called in to attend a patient who was suffering from post-scarlatinal dropsy. The patient was a girl of eleven years of age, and her parents had treated the scarlatina without medical help.

This might be all very well, but when their child's skin was peeling they undertook to give her a little drive in an open trap. March had not yet turned his back upon us, and

the wind was in an awkward quarter. The result of this little outing was an attack of renal dropsy.

When I was called in to see the patient, her hands, feet, face, and abdomen were all puffed out with fluid in the tissues. It was evident, therefore, that I had not received an early summons. But there were a few lotus-eaters in Kent at that time, and I have no doubt that some live there still. *C'est l'influence du climat*, the hop-gardens, or the chalk.

After some weeks of treatment I managed to reduce the swollen condition of the face, hands, and feet, but the ascites did not yield very much to the action of my remedies. I gave *Belladonna*, *Apis*, *Arsenicum*, *Apocynum*, and other medicines which seemed to meet the symptoms, but I cannot say that the result was very striking.

I must not omit to say that there was a free deposit of albumen in the urine during the first fortnight of treatment, but this was reduced to a mere trace after a while.

However, one afternoon I received an urgent message to come and see the little girl, for she was very much worse and in great pain. I came without delay, and found her suffering from an attack of acute pericarditis. She was deadly pale, with a cold sweat on her forehead and also on her upper lip. Her pulse was quick and thready, and occasionally intermittent. The heart's sounds were sharp with increase of impulse. I did not detect any friction sound. The poor child was propped up with pillows, and her legs hung down by the sides of the bed. She tossed her head from one side of the pillow to the other, and now and then put her hand over the region of the heart with a complaint of acute pain. Her breathing was laboured and sighing, and she looked the picture of distress.

I gave *Aconite*, 3rd decimal, in doses repeated every fifteen minutes for two hours, and stayed in the house to watch the effect of the medicine. But the symptoms were unchanged.

I then thought of *Cactus*, and went home for it myself. I brought a bottle of the 1st decimal dilution, and gave the patient a quarter of a drop. Within five minutes of taking the medicine she threw her head back with a cry of pain; but in a few seconds after this spasm of pain was over she became easier, and within an hour's time she was lying in a peaceful sleep.

The patient slept for about an hour, and then woke free from acute pain. She took food and some brandy-and-water,

and though suffering from dyspnœa and great weakness was marvellously better by the next morning. To make a long story short, my patient had some half-dozen attacks similar to the first before she died, but *Cactus* gave her relief from the pain in all.

By degrees the abdomen was filled with a large quantity of fluid, and the pericardium suffered from a similar distention. The laboured action of the heart, the extended area of dulness, proved this; but, more than all, a *post-mortem* examination which I made confirmed the accuracy of my diagnosis.

I found after death the pericardial sac filled with fluid. The muscular structure of the whole heart was greatly thickened. The valves were unaffected.

It is very plain, therefore, that *Cactus* may stand us in good stead in acute pericarditis for relief of pain and for shortening the attack. My patient was already reduced with blood-poisoning and renal dropsy, when she had her first attack, and this was almost a death agony, yet under the influence of *Cactus* it passed away, to be succeeded certainly by others, which eventually caused the patient's death.

E. B. SHULEHAM, M.D.

5, West Street, Finsbury Circus, E.C.,  
July 10, 1882.

SIR,—I have, I believe, notes of several cases of heart disease either cured or greatly relieved by *Cactus grandiflorus*. I have not time to look them up in time for your next issue, but hope to send them before September.

In the meantime I would observe that I do not remember to have had a case in which the invaluable keynote, "*feeling of pressure as with an iron hand*," was present, in which relief did not quickly follow. I have generally given one or two drops of the 1st decimal.

Yours faithfully,

J. HARMAR SMITH, L.R.C.P., M.R.C.S.

Hope Villa, Ramsgate,  
July, 1883.

[For next month we name *Collinsonia Canadensis*; and information on all the previously-named medicines is still welcome.]

## DYSPNŒA ON FALLING ASLEEP.

By E. A. BALLARD, M.D., Chicago.

IN the March issue of the *Homœopathic Physician* (which, owing to absence from home, has but recently fallen into my hands), is another of Dr. Berridge's very instructive clinical reports, in which the above distressing symptom plays a prominent part.

On page 238 of Lippe's *Repertory*, I find, "Sleep prevented by dyspnœa, *Psor.*, *Ran. bulb.*," and more direct, on page 240, is, "When falling asleep, dyspnœa as if he would suffocate, *Graph.*" "Constriction of chest," is added to this symptom in Hering's *Condensed*. In latter work, under *Arum tri.*, is, "On falling asleep, feels as if she would smother, starts as if frightened." Of the remedies which Dr. Hale states has relieved this symptom, *Ant. tart.* and *Lach.* have been verified by myself. In a very critical case of diphtheria cured with one dose of *Lach. cm.*, this symptom was present. Some years ago I reported two cases in which *Ant. tart.* had a prompt and curative effect. As clinical evidence, they may be worthy a place in your valuable journal.

The first case was that of my wife. On the third evening, after an easy and natural parturition, I was called suddenly to the bedside. The nurse stated that immediately after going to sleep the breath would become shorter and shorter, and then seem to cease, when the patient would awake, gasping for breath. This had recurred a number of times before I was called. With cessation of breathing, the nurse reported a like cessation of the pulse. The patient said that she experienced a sensation of sinking away while she struggled to retain her breath. *Ant. tart.* 200 was put on the tongue. She went to sleep soon after, and had no return of the symptom.

The second case was that of a lady about seventy years old. After a long and very severe chill, she was much exhausted, and unable to keep awake. No sooner would she close her eyes in sleep than she experienced a sensation of her "breath leaving her body," and she awoke, gasping for breath. After this had recurred a nubmer of times, I was recalled. One dose of *Ant. tart.* had the same effect as in the first case.

The first remedy Dr. Berridge gave his patient was *Syphili-num*, because the symptoms were worse from midday to day-break. From waning of day to the coming of day I have thought was the time of aggravation under this remedy. At

the International Convention, in London, last summer, Dr. R. N. Foster, of this city, reported the cure of a case in which the time of aggravation was from 2 to 5 a.m. After other remedies failed, he gave a dose of *Syphilinum* cm, with above result. No doubt the case was one of syphilitic ophthalmia, and the remedy was an exact simillimum. *Syphilinum* is not the only remedy that has aggravation through the night, and should not be given for that symptom alone. On page 292 of Lippe's *Repertory* is, "Pains are aggravated in the evening and do not diminish until daybreak, *Colch.*" According to this same excellent *Repertory*, *Ant. tart.* is indicated where there is aggravation in the afternoon, evening, and night. In the *Guiding Symptoms* may be found, "Considerable aggravation towards evening, continuing all night." This indication will be found valuable in other troubles than toothache. Add to this the fact that *Ant. tart.* is one of our most potent remedies wherever and whenever the pneumogastric nerve is involved, and that this remedy covers so many of the symptoms of Dr. Berridge's case, especially the most prominent and important one of all, one may be pardoned for asking, after considering all things, if *Ant. tart.* would not have been the best remedy to commence the case with, and if it would not have prevented many symptoms so indicative of this remedy that afterwards appeared?—*Homœopathic Physician for July.*

### MERCURIUS IN DIABETES MELLITUS.

THE *Boletin Clinico*, of Madrid, has furnished the *American Homœopath* with the following important information:—

Dr. Saikowsky has verified in rabbits after the administration by subcutaneous injection of three or four centigrammes of *Mercurius corrosivus* eight times in twelve experiments that the urine was passed in great quantity, and was pale and transparent. In another case it contained sugar in variable proportions, but almost always very marked.

This drug administered to dogs, in doses of two grains per diem, subcutaneously for a period of thirteen to eighteen days, produced considerable emaciation, and after four weeks' diabetes manifested itself in an extremely pronounced degree. The same phenomena have been produced under the influence of calomel and iodide of mercury (Virchow in *Archives of Path. Anatomy*).

The same symptoms occur in man. The observations of Kletzensky on *Mercury* point out some instances of increase in the quantity of sugar in the urine.

In kidney diseases we have seen that *Mercury* increased the urinary secretion and produced at the same time in the skin phenomena analogous to those caused by diabetes, as dryness and furuncles of the skin.

If one should meet with a case of diabetes accompanied by symptoms characteristic of mercury, it would be well to prescribe it. The particular preparation of mercury employed will depend upon the special indications in each case.

Homœopathic annals do not contain a case of diabetes cured or treated by *Mercury*.

Jahr limits himself to mentioning its name among the remedies indicated in diabetes.

In the prize memoir of Dr. Goullon entitled "Diabetes Saccharina," we read the following observations on the use of the red precipitate of mercury :

"Jousset speaks of *Mercury* among the remedies which have given him good results in diabetes. The red precipitate not having been experimented with by him the indications could not be gathered. We do not concur in Dr. Lutzé's opinion that it is immaterial which of the mercurial preparations we employ. *Merc. sol.* and *dulcis* exercise a special action on the liver, which is probably the same as that produced by the red precipitate. In a case cured by this last medicine, there happened a crisis characterised by profuse and very bilious alvine discharges. (Let us add that the simultaneous administration of rhubarb and drastic pills takes a little from the value of this allopathic cure.) A phenomenon worthy of note, is that under all circumstances the administration of mercurials has caused the appearance of sugar in the urine." Dr. Goullon relates a case under his care in which complete recovery ensued within a period of eight days, although only eight doses of  $\frac{1}{2}$  gr. each of red precipitate were employed. The patient referred to was the fourth in a family sick with this disease, the three preceding cases having succumbed to its ravages. The onset of this case was characterised by loss of consciousness, stupor, weakness of pulse, and other cerebral symptoms. These phenomena make it on the whole comparable with the diabetes which Bernard had produced through the medium of punctures into the cerebrum of rabbits, the diabetes in these instances lasting several days—the cure of which could be recorded as spontaneous.



MEETING OF THE AMERICAN HOMOEOPATHIC  
OPHTHALMOLOGICAL AND OTOLOGICAL  
SOCIETY.

THE society was called to order at the time of the meeting of the Institute at Indianapolis by J. H. Buffum, M.D., president *pro tem.*, with Dr. F. Park Lewis as secretary.

The following papers were presented :

"The Causes of Cataract"—Dr. J. C. Burnett.

Among the causes was the excessive use of salt, of sugar, and of hard water. In the discussion which followed, the general feeling of the gentlemen present was not in support of his propositions, although they were deemed worthy of careful consideration. Dr. Buffum, in the treatment of partial cataract, had seen beneficial results follow the combined action of internal medication and local galvanism. Dr. Winslow questioned the causative relation which the paper had pointed out between arterial sclerosis and lenticular opacity.

"Cyclotomy"—Dr. B. W. James.

The advantage of this operation in glaucoma was a perfect pupil remaining after the operation.

"Malformation of the Ear"—Dr. James A. Campbell.

The external ear was small and distorted and the bony canal imperfect. The removal of the distorted lobe, strange to say, much improved the hearing—probably by allowing a more perfect bone conduction of sound.

"Extensive Burns and Scalds of the Eye"—Dr. C. H. Vilas.

"Infantile Mastoidites"—J. H. Buffum, M.D.

"Nystagmus"—Dr. J. A. Campbell.

"Granular eyelids"—Dr. F. Park Lewis.

Hygienic precautions were deemed as important as local adjuvants or internal medication.

"Sympathetic Retinitis"—Dr. J. H. Buffum.

Relief was affected by a removal of a portion of the optic nerve, the eyeball being left intact.

"Anomalous Refractions"—Dr. T. P. Wilson.

A beautiful and complicated instrument by which these local errors could be more readily determined.

Drs. J. Compton Burnett, R. T. Cooper, and R. E. Dudgeon, all of London, were elected honorary members.

The following officers were elected :

President, C. H. Vilas, M.D.; Vice-President, W. H. Winslow, M.D.; Sec. and Treas., F. Park Lewis, M.D.—*T. M. S. in "New York Medical Times."*

## HOMŒOPATHY TO THE FORE IN INDIA.

IN no part of the world is our beneficent system of medicine taking a deeper hold of the people than in India. We claim for the *Homœopathic World* some considerable share in this happy result.

We now greet two new Indian homœopathic journals.

1. The *Calcutta Journal of Medicine*: a Monthly Record of the Medical and Auxiliary Sciences. Edited by the eminent Dr. Sircár of Calcutta. It is a high-class journal, is published in English—and *good* English too—and is, in point of fact, not exactly a new journal, but a revival. We wish our learned colleague Dr. Sircár much success in his new departure, and hope he will get only a very small share of the odium that seems to be cast upon every editor—especially upon every homœopathic editor—who tries to do his duty.

No. 2. The *Indian Homœopathic Review*: a Monthly Journal of Homœopathy and Collateral Sciences. Edited by B. L. Bhaduri, L.M.S. We have already received the first four numbers of this new journal, and extend to the editor, Dr. Bhaduri, our cordial welcome in the British arena of medical reform. This gentleman's name is new to us, but he wields a very powerful pen; and his capital idiomatic English has the right ring about it, and is clear evidence of a logical mind. We entirely agree with Dr. Bhaduri's views as expressed in his April leader.

He says: "We meet people every day who state the most astounding propositions about Homœopathy,—men who say that Homœopathy is good for this disease and not for the other, that homœopaths are not scientific men, that they do not and cannot perform surgical operations, that they pretend to cure heat in the head by heating it all the more, and so forth. A man who has got his eye cured by a homœopath will not seek him when he is suffering from fever. One who has been saved from death from cholera by a homœopath will not care to consult him again when he has got an affection of the skin. Homœopaths are supposed to be no better than quacks, who know only particular medicines for particular diseases, and can cure no other diseases. Mere facts of cure, therefore, will not carry conviction. . . . We have to tell them in the first place what Homœopathy is, and what Homœopathy is not. We have to tell them the sort of proof which can be given of Homœopathy, or of *any other law*, etc."

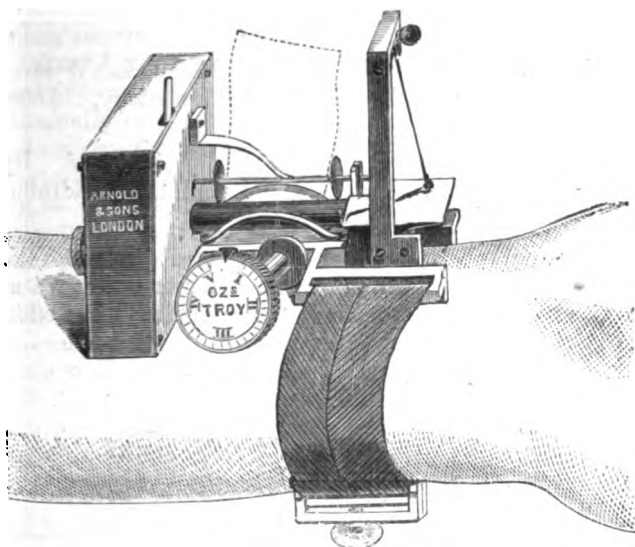
We should suppose that this applies even more in India than in this part of the British Empire. The Eastern mind is more prone to the supernaturally exceptional, and a hard fact has therefore less weight with him than with the ordinary matter-of-fact Englishman; but still the same thing is true here. For example, we were called to a lady in London about a year since. On approaching the bed we saw a full-blown case of facial erysipelas. Said the patient, "I am not a homœopath, but I have found Homœopathy the *only* thing for erysipelas; nothing else is any good. The allopaths cannot touch erysipelas; I know it. I have tried them often, but they never did me the least bit of good. I always have Homœopathy for erysipelas, but it is no good to open the bowels or for gout!" This was delivered in one gush and oracularly, and just proves Dr. Bhaduri's proposition. Said patient was very promptly cured of her erysipelas by Homœopathy, but she is an allopath still, unless for erysipelas! The case was a simple dermatitis with much flushing of face, fulness of head, etc., like poisoning with *Glonoin*, and in obedience to our LAW we gave not *Belladonna*, or *Arnica*, or *Rhus*, or any other remedy for erysipelas, but *Glonoin*. The lady left town in four days, so rapid was the cure. But instead of this neat proof of the LAW convincing my lady of the truth of that LAW, she merely came to the conclusion that our "remedy for erysipelas" was even better than that of the late Dr. Quin!

### NOTICES OF NEW INVENTIONS.

*The New Pocket Sphygmograph.* Invented by Dr. Dudgeon, London: Messrs. Arnold and Sons, 35 and 36, West Smithfield.

The examination of the pulse has become such a matter of routine with the medical profession that the patient, no matter what his ailment may be, would think it neglect on the doctor's part if he concluded a consultation without going through the ceremony. For this kind of pulse-feeling the finger answers excellently well; but there are occasions, and these occur very frequently, when we go to the pulse for real information; when we have to determine accurately, by the physical signs it affords, the general condition of the vital powers, or to gather definite facts from

it respecting the circulatory or nervous systems. It is in the presence of such requirements that the advantages of the sphygmograph are manifest. With it we obtain indications of physical conditions which are not to be detected by the finger; and there is this further advantage, that by floating some photographer's negative varnish over the tracing we can keep it as a permanent record, and are thus in a position to take accurate comparative observations of the pulse at different times. In proving the effects of drugs this instrument is invaluable, and we expect to see it more largely used in such inquiries. In fact, knowing the value of



the instrument in clinical investigation, it might be supposed that it would have had a more extensive use among practitioners; but the finger has held its ground, and it must be confessed that it has advantages peculiarly its own. It is more portable, less likely to be mislaid or get out of order. When we remember how cumbersome and how expensive sphygmographs have been, we can hardly wonder that busy practitioners have set aside greater accuracy for greater convenience. But now Dr. Dudgeon has invented an instrument which measures only 2 by 2½ inches and weighs only 4 ounces, which can be manufactured for one-third the cost

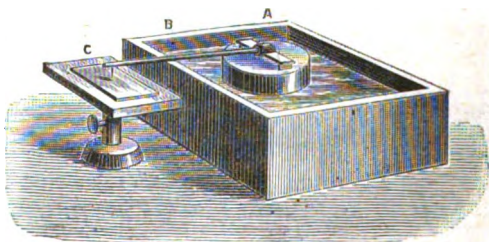
of the ordinary sphygmograph; and when we have ample evidence that, although smaller and cheaper, it is very much more perfect than the old-fashioned ones, we can hardly be excused if we do not make it as much a *rade mecum* as the stethoscope. Among other advantages possessed by Dr. Dudgeon's instrument is the ease with which it can be fixed to the arm, and that it can be used in any position of the body. It is very sensitive, and magnifies the arterial movements with great uniformity.

Dr. Dudgeon deserves, and will receive, the thanks of the profession for this, his latest effort towards the advancement of medical science.

*The Kyrograph.* Invented by Dr. Percy R. Wilde, late assistant to the Professor of Physiology, Aberdeen University.

*An Analysis of the Involuntary Motions of the Hand.* By Dr. Percy R. Wilde. Papers I., II. and III. Edinburgh: Oliver and Boyd.

The kyrograph is the instrument used by Dr. Wilde in studying those little tremulous movements which we notice when the hand is unsupported, and which defy our efforts to



overcome them. This apparently unpromising inquiry has opened up an entirely new field for research. It is found that when a person places his hand upon the floating platform seen in the illustration, that, providing it is free from all muscular control, it makes a series of rhythmical movements, which are graphically registered on a smoked surface by means of the indicator attached to the platform. The tracings thus obtained show large curves corresponding with the respiratory movements and small undulations corresponding with the circulatory pulsations. This shows the true

cause of these movements, which have been previously explained as due to nervous tremors, imperfect co-ordination of the muscles of the arm, and other causes.

When muscular control is exercised to control these movements they become spasmodic and possess considerable force; on the other hand, when the muscles are relaxed and the arm supported they cease altogether. Those engaged in delicate manipulations must, as they find by experience, have the hand supported, and grasp the instrument they are using lightly, so as to exercise as little muscular effort as possible. Dr. Wilde explains how this is. When contracting the muscles we bring the arm in closer contact with the scapula and cause tension in the muscles which cover the chest walls. This contraction if continued offers a direct obstacle to the expansion of the chest during the act of inspiration. The inspiratory muscles resist this obstacle, and in doing so mechanically cause the spasmodic movement of the arm.

A number of experiments are given to show the enormous amount of force the inspiratory muscles are capable of exercising in the presence of an obstacle to the expansion of the chest, without any consciousness on the part of the individual, the muscles acting involuntarily.

Another curious point brought out in these experiments is that both hands have an involuntary tendency to move from *right to left*. The mechanical and functional causes of this will be explained in future papers, involving as they do the study of an entirely new series of facts.

Putting the facts already demonstrated together, we have a very simple explanation of the mystery of table-turning. The people place their hands upon a table, and after waiting some time the table begins to turn. The act of remaining with the arms fixed in one position causes the muscles of the arms to gradually contract until they are in a state of rigid tension. The expansion of the chest walls becomes impeded, until a time arrives when they will tolerate the obstacle no longer, the involuntary muscles are excited to vigorous action, and now either one of two things must happen—the opposing muscles must be relaxed, or the muscles must be moved, and with them the arm. But the table opposes the movement of the arm, and so the force excited by the inspiratory muscles becomes directly transferred to the table. As the movement of the arms of all the sitters is in the same direction, we can readily understand that a heavy table would thus be moved without any sensible

effort on the part of the operators. While the spiritualistic theory is disproved in reference to this particular experiment, it shows that those persons are right who have all along asserted that "it was some other force than ordinary muscular effort that moved the table."

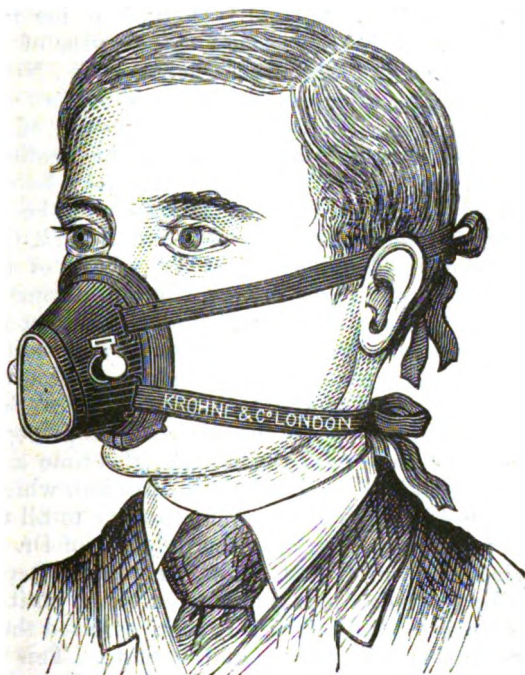
Dr. Wilde gives a number of experiments with the kyrograph which appear to prove the existence of unconscious intellectual centres in the brain, and that these can produce motor results. He disputes, however, the extensive application of Dr. Carpenter's theory of ideo-motor action which has been used of late years to explain every variety of phenomena.

*The Oro-Nasal Respirator.* Invented by Dr. Edward Blake  
London: Krohne and Sesemann, Duke Street, Manchester Square.

No better time than the present could have been chosen for introducing a good respirator to the profession. For some time the advantage of antiseptic inhalation in cases of phthisis has been known, and the recent discovery by Koch of bacteria in the sputa of tuberculous patients points out the soundness of such treatment, and will no doubt lead to its larger adoption. Personally we do not believe that these bacteria, though capable of irritating lung tissue, and causing tubercles as a result of such irritation, are the sole specific causes of this disease; but this renders antiseptic inhalations none the less beneficial, for by purifying the sputa and killing these bacteria we limit the extension of the disease, and place the patient in the best condition for proper medicinal treatment.

Dr. Blake's respirator, as its name indicates, covers both nose and mouth; it weighs only 2 oz., and is eminently suited for administering inhalations. Its great advantage is, that by an ingenious arrangement it does not allow the patient to continue re-inhaling the same air. The oro-nasal respirator is not sufficiently becoming for wearing in the streets, for the protection of invalids from the cold air and dust, but we hope Dr. Blake will introduce one for this purpose on the same principle as the oro-nasal respirator, but covering the mouth only. As is well known, the expired air contains, even in health, epithelial squames and other organic products; but it is these, more than the carbonic acid gas, which are so deleterious to those who inhabit crowded and ill-venti-

lated rooms. The ordinary respirator causes its wearer to breathe these products again and again, and produces a sensation of drowsiness, and a longing for fresh air as a consequence. The patient takes a dislike to wearing the respirator, and is most likely better without it. With an arrangement such as is attached to Dr. Blake's oro-nasal respirator this would be altered; these products would have free exit, and



the patient would breathe a pure air, but slightly warmer than the external atmosphere.

For wearing in the house, Dr. Blake's oro-nasal respirator is light and comfortable; the patient can pursue his ordinary avocations while wearing it, and can thus continue the inhalation for several hours at a time. This Dr. Blake considers must be always done to make the treatment effectual. We can cordially recommend this little apparatus to our colleagues.



## Obituary.

JOHN F. GRAY, M.D., LL.D.

WE promised our readers last month to give some account of the life and labours of the veteran homœopathic physician, Dr. Gray, lately deceased. We can hardly do better than reproduce that of the *New York Medical Times*.

John Franklin Gray, M.D., LL.D., died at his residence in this city, June 9, in the seventy-eighth year of his age. Dr. Gray was born in Sherburne, Chenango Co., New York, in 1804. In 1824, after having spent some two or three years in teaching and studying the rudiments of his profession, he went to New York to complete his studies in the College of Physicians and Surgeons. Through letters from Gov. De Witt Clinton, he was so fortunate as to be received into the private offices of Drs. Francis and Hosack, then professors in the college, and ranking at the head of the profession in the State. Through Gov. Clinton, during his first course of lectures, he received the tender of an appointment as assistant surgeon in the navy. To qualify himself legally for its acceptance, he passed an examination for Licentiate in Medicine before the censors of the County Medical Society of New York. He, however, by the advice of his preceptor, Dr. Hosack, declined the appointment. At this time a vacancy occurred in the staff of the New York Hospital, which made it necessary to hire a physician from the city to fill the post of resident physician. Through the influence of Dr. Hosack, aided by letters from Gov. Clinton, Dr. Gray, after an examination by the trustees, was appointed to the position. At the close of his hospital term in 1826 he received the degree of Doctor from the University of the State. This was his second diploma and his third examination. Entering now upon practice, backed by strong professional and social influence, he was more than ordinarily successful in obtaining a good hold in the profession. In 1827 he became acquainted with Dr. Gram, the pioneer of Homœopathy in this country. At first, startled by cures of his own patients, which had baffled his skill, and which he had placed under the care of Dr. Gram, to test his claims for Homœopathy, and then fascinated by the logic of the new philosophy, as he became more and more acquainted with its principles, he was led on step by step until in 1828 he made it the major rule in his practice. The rapid growth and success of his practice,

covering a long life, was almost unequalled in the city. The remarkable clearness of diagnosis in the young apostle of the new faith, and the wonderful knowledge and skill displayed in the adaption of remedies to meet the exigencies of almost every case brought under his notice, soon brought to his office an immense clientage from among the aristocracy of wealth and intellect. Dr. Gray was a close and careful student throughout his entire life. Deprived in his early life of the benefits of a liberal education, he amply made up for the deficiency later on, every spare moment he could obtain being given to study. He familiarised himself with the Latin, French, and German languages, and kept fully up with the progress of the age, in the tremendous strides made in the various departments of his own profession, and in the natural sciences.

It was fortunate for the new faith that its introduction into this country should have secured among its first professional adherents men of the culture and marked ability of those who rallied around the standard in its early days. Shortly after Dr. Gray planted himself firmly on the principles of similia, he was joined by Dr. A. D. Wilson, a physician of ripe scholarship, already in large practice; Dr. A. Gerald Hull, a man of the most courtly and winning manner, endearing himself to every one with whom he was brought in contact; Dr. Channing, whose clear, polished intellect and good judgment in his profession, rendered him a valuable aid in the new field, and many other bright, active, noble men; who one after the other joined the ranks of Homœopathy, winning respect by their eminent talents, and the great success which followed their work. Of all this band of early workers, Dr. Gray was the last to pass to his reward. He had seen the faith of which he was the first convert in this country, widen in its influence until after fifty-four years of work in its ranks, it numbered over six thousand physicians, with hospitals, asylums, and colleges, scattered all over the land, and a clientage having more than its proportion of the wealth, the intellect, and culture of the country.

It is to be regretted that Dr. Gray left no monument of his rich experience and great power of observation in published writings. The results of his rare powers of observation and life-long experience die with him. He was never inclined to use an influence among his wealthy friends, second to no physician in the city, to establish charitable or educational institutions, and we can now point to hardly an insti-

tution indebted to his interest and influence for organisation and support. As we look back over a long life of brilliant work in which he honoured himself and the school of progress, we regret that the curtain of death falls, leaving no monument in institutions for the poor and literature for posterity, of the pioneer of that noble faith which is changing the practice of the entire medical profession.

## LITERATURE.

### BRANDT'S TREATMENT OF UTERINE DISEASE AND PROLAPSUS BY THE MOVEMENT CURE.<sup>1</sup>

THE translator of this work, the title of which gives a good idea of its scope, is a distinguished hygienist and a European authority on kinetics, or the movement cure. It is therefore very fortunate that Dr. Roth should have become the translator of Mr. Brandt's work, which constitutes a new departure in the movement cure.

There are very serious objections to the movement cure as applied to gynæcology, but certainly the same may be said of nine-tenths of the treatment of women of the day, which is far too much mechanical. But there are, unfortunately, cases, and these are pretty numerous, in which nothing but mechanical means is sufficient. Medication can hardly break up old adhesions; the hopeless laxity of tissue in some subjects decidedly calls for a well-directed course of tonic gymnastics, and if Brandt's treatment gives only half the good results claimed for it, we shall in future be able to cure—genuinely cure—desperate old cases of uterine displacements and prolapse, which we previously could not reach. Therefore the thanks of the profession are due to Dr. Roth for the little work lying before us, and which we recommend to every medical man desirous of doing *all* that is possible for our *poor, hard-working* women.

It seems to us that the place of the kinetic treatment of uterine displacements will be for old desperate cases which will not yield to well-directed medicinal, *dietetic*, and hygienic measures.

<sup>1</sup> Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure. Notes collected since 1861. Edited and translated, with an Introduction, by Dr. Roth, author of several works on the Movement Cure. London: Baillière, Tyn dall, and Cox. 1882.

For the young it is, in our opinion, quite out of the question, except where there is either paralysis or deformity; but for those stubborn atonic or pseudo-plastic cases which baffle us all, we shall hail Brandt's treatment as a very legitimate and, it would seem, efficient means of help.

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## TRAITÉ DU NETTOIEMENT DES VOIES DIGESTIVES ET DU LAVAGE DE L'ESTOMAC.<sup>1</sup>

THIS little work is very interesting and instructive, and contains some pieces of vigorous writing; but we, individually, do not favour the cleaning and washing of any mucous surfaces, whether rectal, vaginal, or what else, and, *à fortiori*, we condemn the mechanical and chemical cleaning out of the stomach. Dr. Audhoui's position is that of a stomach-cleaner; and it is significant of the mental level of the therapeutists of the day when we say that Dr. Audhoui is senior editor of *La Thérapeutique Contemporaine*.

The best treatment for a dirty stomach is clean food, and not much of it, and potions of clean *soft* water, and appropriate homœopathic treatment for the constitution, or the peccant part, as the case may be.

<sup>1</sup> Traité du Nettoiement des Voies Digestives et du Lavage de L'Estomac, par Victor Audhoui, Médecin des Hopitaux. Paris: Delahaye. 1882.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### THE TREATMENT OF DIPHTHERIA.

SIR,—The last dodge of the *Lancet* in its endeavours to escape the necessity of crying *peccavi* in the matter of Homœopathy, is to try and make out that ninety-nine out of a hundred of the practitioners of that system practise no Homœopathy at all, because they do not agree with every jot and tittle of Hahnemann's writings.

This is evident from the letter of "A Faithful Hahnemannian," which appeared in the number of that journal for

the 25th March. Whilst *Humanum est errare* expresses a truth, the attempt to impose such a test must be repugnant to every candid mind.

Nor need the fact that Hahnemann, being a man, may have made mistakes<sup>1</sup> lessen our opinion of the wonderful genius which discovered, and the indomitable application which carried out to such an extent, the great law of cure, *Similia similibus curantur*.

But to come to the subject of my letter. If I ask, What has the old system done for diphtheria? I get the answer in the *Lancet* of the 18th ult., which, under the head of "Diphtheria in Paris," informs us, on the authority of a report on the prevalent diseases of that city, by M. Ernest Besnier, that "during the last quarter of 1881 no less than 605 deaths were due to the disease. He remarks that the progress of public hygiene seems as powerless to arrest the epidemic invasion of diphtheria as the medical art is to save those that are attacked. The mortality from this cause has been steadily augmenting during the last twenty years. . . . M. Besnier is inclined to attribute some degree of this mortality to the experimental treatment of diphtheria by pilocarpine."

In the second place, I should like, sir, if you will allow me, to refer to some cases of diphtheria in which the internal administration of *Arsenic* and *Phytolacca* has given me every satisfaction. There are several cases treated successfully by *Phytolacca* alone, mentioned in Hale's "New Remedies." In cases, however, which give more than usual ground for anxiety, I prefer to give *Arsenic* alternately. I was first led to do so by reading the striking parallel drawn in Dr. Morgan's book on Diphtheria between the symptoms sometimes met with in that disease and those seen in cases of poisoning by *Arsenic*. I deeply felt the need of a medicine which, as Dr. Morgan remarks of *Arsenic*, "has the marvellous power of penetrating the minutest structures of the body," or again, "possesses the wonderful power of penetrating the very innermost recesses of organic life, and poisoning the very emanations of vitality as they diffuse themselves throughout the finest tissues."

January 4th, 1880.—Mr. N——'s child, aged fifteen months. When I arrived the mother was standing outside

<sup>1</sup> "There is no harm in making a mistake, but great harm in making none. Show me a man who makes no mistakes, and I will show you a man who has done nothing."—Liebig.

the door looking out for me, as she had been very much alarmed by the deaths of two children next door from diphtheritic croup in the previous week. Yesterday there came away a thick yellowish discharge from the nose. There is now a regular white deposit on the back of the throat. Pulse 120; breathing quick.

R. 3vi. *Liq. Arsenicalis*, gtt. xxx.

3vi. *Phytolacca*  $\phi$ , gtt. xxx.

A teaspoonful to be given every half-hour alternately.

When I called the next morning the deposit was gone from the throat, and the pulse softer and reduced to 100. The child had eaten nothing yesterday till he got the medicine at 3 p.m., but has taken food since. The medicines were continued at longer intervals, and he made a good recovery.

On June 10th, 1880, I gave the same medicines to a child, aged four years, with a diphtheritic throat, who had such difficulty in swallowing that liquids returned by the nose. A few days afterwards its mother told me that after it had taken six doses of the medicine, it could eat bread.

On the evening of November 16th, 1881, Mrs. C—— applied at the surgery for medicine for her daughter, who had great swelling of the throat, with difficulty in swallowing. The night before Dr. —— had said it “was an inflammatory sore throat, and he could do no more for her.”

Until the last few days she had been living in a family where they had diphtheria in the house, and had come home ill. From the account I received of the case I thought she was dying. I gave mixtures of *Ars.* and *Phyto.*, to be taken every quarter of an hour alternately.

November 17th.—On visiting her found a deposit on back of throat. Was told that ten minutes after first taking the medicine she felt very much better. In twenty minutes more her father came in and thought she “looked like a different creature.”

November 18th.—The tonsils are swollen and inflamed, but there is no deposit.

Yesterday Mrs. C—— told the medical man who had given up the case two days before how much better her daughter was. To use her own words, “he called me everything,” and said, “What did you go there for? Their medicine is nothing but sugar and water; has nothing in it; it’s no use going there.”

On January 2nd, 1882, I was sent for to see Miss ——

aged twenty, who, on attempting to get out of bed, had fallen, breaking a water-jug, and was unable to rise without assistance. I found a yellowish deposit occupying about an inch of surface on the left side of the throat. I gave medicines as in the other cases I have referred to, and on calling the next morning found her much better, and most of the deposit was gone. The treatment was continued, and in a few days she was well.

Of course I order good diet—milk and beef-tea; also port wine, which, lest it should irritate the throat, may be mixed with an equal quantity of water. The inhalation of the steam of boiling water often is a source of great comfort to the patient.

I remain, Sir, yours faithfully,

FLEETWOOD P. SMITH.

Tavistock Place, Sunderland,  
July, 1882.

#### AN AUTOGRAPH LETTER OF HAHNEMANN.

DEAR SIR,—I consider it but right to acquaint you that I am engaged in translating your most able and interesting "First Hahnemannian Lecture" into Russian, but before sending the translation to press I am desirous to know if there is any objection on your part to my doing so, although I feel sure you will not withhold your sanction from anything conducive to a wider spread and knowledge of Hahnemann's glorious system.

I beg likewise to forward you an exact copy of a letter addressed by Hahnemann to Mr. Korsakoff, who was one of the earliest and most able and zealous lay adherents of Homœopathy in this country. The letter in question is printed in a work by Dr. Bojanus, just published, "Homœopathy in Russia." Hahnemann by mistake gives Korsakoff the title of count. It will not be amiss to state that Korsakoff wrote several works in French on the action of drugs.

I beg to remain, dear Sir,

Yours sincerely,

WM. H. HEARD.

St. Petersburg, beyond the Nefsky Barrier,  
Moscow Street.

[Mr. Heard has our full permission to translate *Ecce Medicus* into Russian. Homœopathy is the common property

of mankind, and we welcome any effort likely to diffuse a knowledge of it, and to render honour to the great and good Hahnemann. The letter referred to follows below.—Ed. H. W.]

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MONSIEUR LE COMTE DE KORSAKOFF,—J'admire le zèle indéfatigable dont vous avez embrassé notre art salutaire homœopathique, tant pour vous mettre à même de pouvoir quérir votre famille chérie et les pauvres à l'entour, que pour pénétrer à l'aider du quel les mystères de la nature, comme vous avez prouvé dans vos mémoires ingénieux sur ce sujet.

Dans le dernier, dont vous m'avez fait présent par mon cher petit neveu, j'estime entre autres par préférence l'idée excellente (17) que le flairage d'un médicament peut bien faciliter le choix du plus convenant à donner ensuite intérieurement, c'est ce que j'ai moi-même trouvé constaté très souvent par l'expérience. Car je préfère infiniment dans toutes mes occupations, tant qu'il est en moi de poursuivre tout ce qui pourrait immédiatement servir au bonheur de mes semblables et faire essentiellement du bien au genre humain. En effet je croyais que c'était le moyen le plus sûr de se rendre heureux soi-même dans le peu d'espace de vie, que l'être suprême a bien voulu accorder aux mortels et je suis persuadé que vous êtes du même sentiment. Continuez cette carrière satisfaisante à un cœur sensible et continuez en outre je vous supplie de jouir de votre bienveillance.

Monsieur le Comte,

Votre très dévoué,

SAMUEL HAHNEMANN.

A Coethen, 7 de Mars, 1832.

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### SPURIOUS IRIS VERSICOLOR.

DEAR SIR,—We are accustomed to meet with such substitutions of species of medicinal plants as those of *Spigelia marylandica* for *S. Anthelm.*, and *Oenanthe crocata* and other umbellates for *Cicuta virosa*, but recently a serious mistake has been made by some of our pharmacists with regard to *Iris versicolor*.

Doubtless from a want of knowledge of the various species, and encouraged by the demand for cheap medicines, instead of importing the tincture from North America, the root of some cultivated species (probably *Iris germanica*) has been



employed in making it, and the results of its action are likely to be very disappointing if not dangerous.

The spurious tincture has a deep brown, instead of a straw-yellow colour, a violaceous odour resembling orris root (*Iris florentina*), and is not disagreeable to the taste. It differs very much in these qualities from the genuine tincture, which has a nauseous odour and taste.

Yours faithfully,

E. GOULD AND SON.

59, Moorgate Street, E.C.

### DR. KER ON THE PROPAGATION OF HOMŒOPATHY.

SIR,—Dr. Ker's letter in the last number of the *British Journal of Homœopathy* seems to require earlier notice than it could have in the next number of the journal in which it appeared, so I trust you will allow me space for a few words thereanent in your August number.

Of Dr. Ker's sincere desire to promote a knowledge of Homœopathy, no one can entertain a doubt; that he is thoroughly convinced that this will be most rapidly brought about by the means he suggests, and that these means are feasible, I am sure that he is equally confident. At the same time I am fully as certain that he is in error, and that if it were possible to exclude the word homœopathy and its derivatives from medical parlance, the probability is that Homœopathy itself would suffer extinction.

Dr. Drysdale may be right in supposing that the *ultimate* adoption of homœopathic truths by the profession will be coincident with the extinction of the name, and that this will constitute its final triumph, and yet Dr. Ker's proposals be quite mistimed, to say the least of them. I do not myself believe that the word Homœopathy will ever die out. That some of its derivatives will be possible enough when the time of its ultimate adoption arrives. Possibly the word Christian will die out when the millennium arrives—when, that is, all men are Christians, but not before.

Our business at present is to achieve the ultimate adoption of homœopathic truths. To imagine that we have arrived at that point in medical history is very unwise. We have not done anything of the kind. We have made considerable advances towards it of late years, it is true, and it has been

by keeping Homœopathy as such constantly to the fore that these advances have been made.

Dr. Ker seems to think that a reconciliation between the dominant section of the profession and ourselves could be brought about by "a surrender of the word *homœopathy* and all its derivatives—a surrender of the name and not of the thing." But who has made such a proposal, and who has authority to make such an one? The nearest approach to anything of the kind was Dr. Wilks's resolution at the College of Physicians some six or seven months ago.

Now, the wording of this resolution gave no promise "that all the rights and privileges, the honours and distinctions at its [the general body of medicine] disposal, will be open to the deserving amongst us," or that "clubs, societies, journals, hospitals, and professional offices, libraries, etc., from which we are at present effectually excluded, will be thrown open to us," if we ceased to designate our method of selecting drugs as Homœopathy! Nothing of the kind!

But supposing that it did so, the discussion it elicited proved conclusively that no result of this sort would follow our submission. And, again, in its comments upon the meeting the *Lancet* repudiated such a concession entirely, as it has done over and over again.

The "consummation" pictured by Dr. Ker in the extracts I have made from his letter is certainly one "devoutly to be wished," and, moreover, it is one certain to be arrived at, but not yet. We have a great deal of hard work of the propaganda, the missionary, order to do before that time arrives. We must, in short, convince the whole body of the profession that Homœopathy is true. Can we do this by never alluding to such a thing as Homœopathy? By so doing, we shall but strengthen those who differ from us in their differences; we shall but make them doubt our sincerity; we shall but lead them to feel that there can be nothing in Homœopathy after all that is worth contending for.

"What we desire and pray for is," writes Dr. Ker, "the conversion of medicine to belief in the homœopathic law. Half a century's endeavours to this end have signally failed to effect this." If they have so failed, it has been because they have not been pressed forward as earnestly and enthusiastically as they should have been; because they have been hampered by too great a regard for the feelings and interests of opponents, who have shown none for our feelings and interests, because they have been too much sacrificed to the dictates of professional etiquette.

In the United States, where Homœopathy has been pressed forward regardless of all interests, except the interests of Homœopathy, more than one-third of the practitioners of medicine are homœopathists. This is a pretty good stride to have made towards the conversion of medicine in half a century.

Dr. Ker's new method of proselytism is, then, I regret to be obliged to conclude, impracticable, and, indeed, impossible. Not a journal, not a club, not a society, not a hospital will give us a chance of trying it. We must still, for a time, be content to be as missionaries in a heathen land, and must redouble our energies and diminish our scruples in making Homœopathy more widely known, and its influence more generally felt.

I am, Gentlemen,

Yours faithfully,

London, July 6, 1882.

J. SMITH, M.D.

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### THE "CRITICAL CONDITION OF HOMŒO-PATHY!!!"

SIR,—They are telling us Homœopathy is in a critical condition. Yes, very critical indeed; why, one would think that it was on its last legs, and about to take its last gasp, expire, and the allopaths were going to write its epitaph, something after this fashion: Here lies Homœopathy; it struggled long, struggled hard, but at last was obliged to "cave in." Peace to its memory, but

Is it so? No; there is an immortal vigour about it, notwithstanding the requiem of the allopaths, and the croaking of some homœopaths. Listen to one who has had nearly thirty years' experience in preparing and selling homœopathic medicines. When he became a convert to the system you might almost have counted the then resident homœopathic practitioners in London on your fingers, there were but two or three chemists who manufactured and sold homœopathic medicines. Since then Homœopathy has steadily progressed, and now there are more than 100 practitioners and some thirty chemists in London alone; many of the former with large and increasing practices, some of the latter with extensive and steadily increasing business. When our firm first sent out a traveller, some fifteen years ago, his reception by the allopathic chemists was anything but courteous, and it was no

uncommon thing for him to be threatened with a pedal application if he ventured within the sacred precincts of their pharmacies again with his obnoxious and senseless wares ; but since then times have changed, and now there is hardly a respectable chemist within the three kingdoms who does not keep and sell homœopathic medicines. Such is the "critical state of Homœopathy," that, whereas twenty years ago we hardly sold a hundredweight of pilules in a year, now our output of this form of medicine alone is upwards of a ton annually ; twenty years ago our consumption of spirit in the preparation of our medicines scarcely amounted to five gallons a month, but now we require 500 gallons per annum. Twenty years ago, a hundred gross of bottles would have sufficed to meet the requirements of our business for twelve months, but last year 2,163 gross were barely sufficient to meet our demands.

This represents only the increase in homœopathic trade of one firm, but we have no doubt others in the trade could show a similar if not larger increase. Then think of the vast increase in homœopathic literature at home and abroad, both in quality and quantity ; of homœopathic medical men in London, of believers in Homœopathy who now take, and firmly believe in the efficacy of homœopathic remedies. These latter have increased by thousands and tens of thousands. And yet, say the allopaths, "Homœopathy is dying out ;" say some of the homœopaths, "Homœopathy is in a critical state." It is not so ; the principles and practice of Homœopathy have honeycombed society, it never was so powerful in the world as now, the numbers who believe in it among the masses of mankind increase year by year ; the new system has become a power in the land, and a constantly augmenting one, which like a river, starting as a mountain rill, but gathering strength as it flows from many a tributary stream, widens and deepens until it becomes a mighty and resistless force. Such is the destiny of Homœopathy. Mrs. A. tells Mrs. B. how, with *Aconite* and *Chamomilla*, she brought her baby through the period of teething with hardly one disturbed night, and when Jane had the measles what wonders she accomplished with *Aconite* and *Pulsatilla* ; how, when scarlet fever broke out in the neighbourhood, she preserved herself and little ones from an attack, although the disease came on either hand, by using *Belladonna* as a prophylactic ; how she cured slight bilious attacks, and some severe ones too, with *Mercurius* and *Nux Vomica* ; and this spreads

from one to another, until in hundreds of homes the little family homœopathic chest is an institution and a friend.

Homœopathy is a great natural truth, believed in, and will be ever held fast, by those who have tried it, and known its worth; it has been appropriated by the masses, and will never die out. No, if all its practitioners were extinguished to-morrow (which Heaven forefend), Homœopathy would still survive. And why? Because it will do for the people what no other system of medicine can do—enable them to cure their ailments with the smallest sacrifice of time, expenditure, and strength; important factors these in the life of every one to whom time is valuable, and health is wealth.

I am, Sir, yours, etc.,

London, July 13th, 1882.

FREDK. ROSS.

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#### LETTER FROM DR. BURNETT TO THE EDITORS OF THE "BRITISH JOURNAL OF HOMŒOPATHY."

GENTLEMEN,—In your review of my little book entitled "Supersalinity of the Blood, an Accelerator of Senility and a Cause of Cataract," you meet my *facts* with your *opinions*, and having rather adroitly twisted these facts, you proceed to complain that said facts are crooked. But if this were all, I should not have thought it necessary to trouble you with a letter at all, much less a public one, as the *animus* pervading your entire article will be obvious to the most casual reader, and the *facts* which I adduce must be met with something more weighty than mere opinions. What I complain of is that you are not content with simply twisting my facts to suit your views and prejudices (which might readily be done almost unconsciously), but you draw on your imagination and try to fasten upon me a linguistic bastard that of right belongs only to yourselves.

You say (*British Journal of Homœopathy*, No. CLXI, pp. 276-7): "This patient is between seventy and eighty years of age, and is in 'a very *mineralgic* condition'—what that is we have not the most distant idea; but as we are told "at his age everybody is more or less so," we may say, with Mr. Toots, "it's of no consequence."

Now, Mr. Toots is doubtless a very high authority, and yourselves must be very favoured gentlemen to enjoy his acquaintance; but when people try to write down a given work, and supposedly quote a stupid word that must stamp

its user as an undoubted ignoramus, they should be *quite* sure they are not using some spectacles for subaqueous vision with a dead fly between the plates, and also that they are not writing one of the words of their own manufacture.

I am sure you will agree with me as to the wisdom of these necessary precautions; and, that being so, I beg to inform whom it may concern—especially your readers—that this delightful word "*mineralgic*," which you thus profess to quote from my little book, *is not contained in my book at all, but is a pure invention of your own*. The next time you invent a word I advise you to hit upon one of which you yourselves have at least *some* idea, and, having produced your bastard word, do not try to father it upon the innocent.

Your obedient servant,

London, July, 1882.

J. COMPTON BURNETT, M.D.

### THE CAUSE OF TUBERCULOSIS.

SIR,—Referring to your editorial on "The Parasitic Origin of Consumption" in the June number of the *Homœopathic World*, and Dr. Hastings's letter on the same subject in the July *World*, I thought it not unlikely your readers might be interested in an epitome of an article by E. Klein in No. 653 of *Nature*, published May 4th, 1882, and consequently send you the same.

"The malady known as tuberculosis, and generally characterised by constitutional disturbance, associated by the production of minute nodular new growths in the various organs, especially the lungs, spleen, lymphatic glands, serous membranes, the membranes of the brain, liver, etc. (at first greyish and transparent, but afterwards becoming opaque and degenerating into a yellowish-looking *débris*, and hereby implicating and destroying the organs in which they are located), has been shown to be an infectious malady communicable from one human being to another, from man to animal, and from animal to animal.

"The successful experiments of inoculating with, feeding on, and causing to inhale human tuberculous matter, carried out on the lower animals by Villemin, Drs. Wilson Fox, Burdon Sanderson, Mr. John Simon, and especially Cohnheim, Salomensen, Tappeiner, and Baumgarten, are conclusive in these respects. Similarly it has been shown that the tuberculosis of cattle, or *Perlsucht*, is communicable, not only within the species, but also to other animals.

"What the cause of the malady is has, until now, been undetermined, although surmised to be of parasitic origin."

"Schiller and Krebs have tried to prove that, owing to the presence of micrococci in the tuberculosis deposits, these micrococci were the *materies morbi*.

"Krebs's observations and conclusions have not been considered reliable, and it has been reserved for Dr. Koch to discover the real cause of the disease in identifying it with a specific bacillus.

"The first step in the inquiry was to ascertain whether any definite form of microphyte is constantly present in the tubercular deposits."

Koch's method of research is as follows:—

"Tubercular deposit fresh, or after hardening with reagents, is stained for twenty to twenty-four hours (at a temperature of 40 centigrade only half an hour is required) with half per cent. solution of methylene blue, to which a small quantity of a 10 per cent. solution of caustic potash is added. After this the tubercular matter is stained for a minute or two in a concentrated watery solution of vesuvin, and then washed in distilled water. When examined under the microscope, all elements of the tubercular deposit, such as cells, nuclei, fibres, and granules, appear of a brownish colour, while the tubercle-bacilli alone stand out very conspicuously in a beautiful blue tint.

"These bacilli differ from all other micro-organisms by characteristic properties.

"The next step in the inquiry was to isolate the tubercle-bacilli, and having completely freed them of all parts of tissue of the tubercular deposit, to introduce them into the system of suitable animals.

"All these conditions have been fulfilled by Dr. Koch in an eminent degree."

The article in *Nature* fully details the experiments of Dr. Koch in the inoculation of the bacillus, and states that all the animals so treated "*became invariably affected with the disease: not one escaped; while other similar animals kept under precisely the same conditions, except that they did not receive any tubercle-bacilli, remained perfectly healthy.*"

"The expectorated matter of tubercular patients is generally charged with tubercle-bacilli, and these often contain spores. It is probably through the presence of such spores that the matter retains for a long time its infective properties."

"Koch made experiments on guinea-pigs with such sputa after having been kept dry for fourteen days, for four weeks, and for eight weeks, and in all instances the sputa retained the full virulence.

"It is therefore just to assume that such sputa, even when dried on linen clothes, or even when distributed with the dust of the room, may be a source of infection."

Any of your readers requiring fuller particulars are referred to the article in *Nature*.

July 8, 1882.

I am, Sir, yours truly,

X.

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

**PATIENTS BOUND FOR AUSTRALIA.**—A homœopathic physician, who has made a special study of chest disease, goes to Australia in September, and is desirous of taking charge of patients bound for Australia. His wife and family accompany him, and hence this would be a good opportunity to send out lady patients or young children. We know him personally, have a very high opinion of him, and shall be pleased to

give his name to any inquirer.

**THE CAISSON DISEASE.**—We find that Dr. Roth, of London, made mention of this interesting affection at the International Homœopathic Convention in London last year.

**HOMŒOPATHY IN AUSTRO-HUNGARY.**—*Errata*: p. 264, for *Brün* read *Brüx*; p. 265, for *Hopner* read *Horner*.

## CORRESPONDENTS.

Communications received from Dr. Hastings, Ryde; Dr. Pope, London; Dr. Morgan, Cardiff; Dr. E. A. Neatby, Ventnor, Isle of Wight; Dr. Roth, London; Dr. Croucher, J.P., St. Leonards-on-Sea; Dr. F. Park Lewis, Buffalo, U.S.; Dr. Maffey, Bradford; Dr. Gallavardin, Lyons, France; Dr. Thomas, Llandudno; Dr. Arndt, Grand Rapids, Mich.; Dr. Dyce-Brown, Edinburgh; Dr. John H. Clarke, South Kensington; Dr. Percy Wilde, Ipswich; Dr. Kafka, Carlsbad; Dr. Tuthill Massy, Brighton.



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## The Homœopathic World.

## CONTENTS OF JUNE NUMBER.

## LEADING AND GENERAL ARTICLES:—

The Caisson Disease.

The Relaxed Uvula.

The "Benda."

Clinical Lectures on Diseases of the

Heart. IV. Heart-failure.

Pharmacological Fragments: Aralia

Racemosa.

Hints for the Prevention of the Most  
Common Accidents causing Blindness,  
and Instructions how to act till

Medical Aid can be obtained.

Silphium Laciniatum, the Compass

Plant.

Clinical Notes.

Clinical Cases, illustrating the Dif-  
ference between True and Delusive

Homœopathy.

Apis Mellifica: its Poison.

London Homœopathic Hospital.

Duboisia in Ophthalmic Practice.

Trichloroacetic Acid, a New and very Sen-  
sitive Test for Albumen.

The "Staffordshire Sentinel" on Homœo-  
pathy.

The Deadly Cigarette.

Death through eating Winkles.

Tanner Outdone.

Poisoning by Oxalic Acid.

Death of a Child from Castor-oil.

## LITERATURE:—

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and its Homœopathic Treatment.

Gasteln: its Springs and Climate.

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the Use of Students and General Prac-  
titioners.

## CORRESPONDENCE:—

Dr. Blake and Dr. Berridge.

Arnica Poisoning.

A Pretended Colleague.

The Parasitic Origin of Consumption.

L.R.C.P. and Menyanthes.

SHORT NOTES, ANSWERS TO CORRESPON-  
DENTS, ETC.

# THE HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1882.

## PARASITIC CONSUMPTION.

THE whole world, medical and lay, is alive and astir with the parasitic origin of almost every disease, and the latest supposed acquisition to science is the bacillus of tuberculosis of Koch.

In appreciating the subject we shall have to hark back to the elementary consideration that there are many kinds of "consumption," or "phthisis." It can hardly be maintained that our terms in daily use are sufficiently accurately defined to be considered strictly scientific.

In its widest sense "consumption" means almost any wasting disease in which the body is, as it were, consumed, and, generally speaking, "of the lungs" is understood. And phthisis is merely its Greek form  $\phi\theta\iota\varsigma$ , perhaps more nearly corresponding to our word "decline" or "pine."

In common English speech a clear difference is made between "consumption" and "decline"; either may be, or may not be, tuberculous. When a person is said to die of "consumption," an active, more or less febrile, process is understood; while "decline" usually indicates a more passive pining process, lasting longer, though perhaps also accompanied with fever.

If the bacillus of Koch be scientifically demonstrated, of which we are not yet by any means satisfied, and its specific nature become clearly and accurately defined, then a most important step would be made in clearing up our knowledge of phthisiology generally. At present, in common life, consumption is made to include many very different processes, and tuberculosis is one of them, and not yet well understood, though a great deal too much importance is accorded, we believe, to parasitic life as a morbid agent; but we shall bow to facts whichever way they tend. Our views must tally with the facts, whatever the fact may teach, only we must be sure of our facts. That the vast majority of cases

of tuberculosis that occur are *not primarily parasitic*, we are most positive; that the process is *accompanied* with bacteria we make no manner of doubt.

We have, however, long been convinced that certain persons *catch* consumption, and this conviction is founded upon clinical observation. It remains for us, therefore, to know wherein the contagion consists. May be, Koch's bacillus is the missing link. Be that as it may, we must clearly define the various *kinds of consumption*, for the world will soon be cured of its present craze, that "consumption" is due to a parasite, and then we shall find it in full chase after another "cause of consumption." We repeat, there are *many kinds* of consumption, and tuberculosis is only one, though there may be two different kinds of tuberculosis—viz., the primary, due to infection from without and parasitic; and the antochthonous.

As the bacillus of Koch is, admittedly, on the very borders of the visible, the dogmatic behaviour of the parasitarians is hardly worthy of men of science.

A strong point in favour of the existence of a primary infectious tuberculous form of consumption is scored by Professor Beneke in his remarkable anthropometric observations.

As a contribution to the subject we now bring Dr. R. Gregg's paper, that was read at the late meeting of the *American Institute of Homœopathy*, of which we brought a report in our last issue. If Dr. Gregg is right, the infective inoculation with tuberculous matter, resulting in tuberculosis, would have to be regarded as a form of septic poisoning and not as parasitic at all.

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## BACTERIA IN TUBERCLES.<sup>1</sup>

By R. R. GREGG, M.D.

You have all heard much in the last few years of bacteria in diphtheria, splenic fever, chicken cholera, typhoid fever, etc., and now comes the claim by Prof. Koch, of Berlin, heralded to the world through the *London Times*, by Prof. Tyndall, that he (Koch) has discovered bacteria in tubercles. But it seems to me that, notwithstanding the high scientific standing of these men and their positive assertions, we lesser mortals have the right to investigate these matters in our own way,

<sup>1</sup> Read at the Convention of the American Institute of Homœopathy at Indianapolis, June, 1882.

and, if need be, to call in question the possibly hasty conclusion of such great scientists, in the best interests of that very science of which they are such ardent devotees. Indeed, as physicians who have to deal practically with human life, it is our duty to investigate this subject most thoroughly for ourselves, and not accept every or any mere theory, unless it be first demonstrated to be true, and to be relied upon to the extent of being safely carried into practice.

As many of you must know, I have myself given some attention to bacteria the last few years, and I assert here positively, as I have repeatedly done elsewhere, that the three classified forms of so-called bacteria in disease are never, in any case, anything more than the three forms of coagulating fibrine, which develop in every inflammatory disease and in every locality where congestion and inflammation manifest themselves as results of morbid causes.

These three forms of coagulating fibrine are, first, granules; second, fibrils; and third, spirals. These granules of fibrine are of the same size and exactly of the same form as the alleged micrococci, or spherical bacteria of disease—both standing “upon the very borders of the visible” under the highest magnifying power. The fibrils of fibrine are precisely like the assumed bacterium termo, or rod-like bacteria of disease, and demean themselves the same under similar conditions; and the spirals of fibrine are also precisely like the so-called spiral bacteria of disease, and they, too, act similarly under all similar circumstances.

As to proportionate numbers, moreover, there is a similarity throughout. The bacterists tell us the micrococci are far in excess of the other forms of bacteria; indeed, almost infinitely so. And so it is and must necessarily be with the granules of fibrine as compared with its fibrils. Hundreds of granules of fibrine join together to form one fibril, so the former must be hundreds of times in excess of the latter. And the spirals of fibrine are much less in numbers than the fibrils (as spiral bacteria are said to be far less than the rod-like), for the reason that the fibrils readily secure attachments of their ends in or upon any living part which holds them straight; while it would only be the few fibrils that did not secure such attachments that would contract upon themselves, under their firmer organisation, and thus be curled into the spiral form.

Again in colour the granules and fibrils of fibrine are the same as bacteria. Professor Cohn says that bacteria are

white, and we all know that coagulated fibrine is white. And still again, the two correspond fully in places of abode, for wherever bacteria are said to be found in disease, whether in fluids or solids, on surfaces or infiltrated into the substance of tissues, in tubercles or within tubercular cells, there also are found granules and fibrils of fibrine under inflammatory conditions.

So, look where we may, institute the most careful scrutiny we possibly can with reference to these two sets of forms or bodies, the comparisons and similarities between them are complete and as exact as the most rigid scientific requirements could demand.

And here we come to the strangest and most unaccountable fact in all this field of research, or, for that matter, in all the range of science. Notwithstanding these similarities are so exact throughout between the respective forms of these two sets of organisms, not a scientist, not a microscopist, not a pathologist, the world over, has ever, so far as I can learn, called attention to the facts, when discussing bacteria, and told us that here were these forms of fibrine, swarming in hundreds of thousands, in every instance, and in the very places where the bacterists claim their parasites to develop and multiply in such enormous numbers. Throughout all the recorded discussions and the entire literature of the subject, not a word from them is to be found telling us that forms of fibrine, in great numbers, are present under all such circumstances, or even hinting at their existence.

What kind of science is this? A world full of scientific men, many of them of the highest order, but not one of them stops to think and apply to the solution of their great mystery one of the most simple and best known of physiological and pathological facts—namely, the various steps that extravasated fibrine must go through in every instance of its exudation and organisation in all forms of inflammatory disease. Instead of this, they go on mystifying the mystery until they have made the world stand aghast with fear and trembling as to who shall be the next victims to those terrible destroyers, "bacteria," or vegetable parasites, which cannot develop and could not live a day within the precincts and under the dominion of animal life.

And now comes Prof. Koch, with his claim of having discovered bacteria in tubercles, to still further frighten us out of this world and into the next, at the idea that we nearly all must, or may, have something gnawing at our vitals,

which nobody but scientific men have the ability to comprehend. But let us maintain our senses a little longer, and see if we also cannot discern some of the beauties of this wonderful creature, and tell what he is made of and how he looks. It seems to me we may be able to do so, if we do not go insane just yet over this new bacteria craze; at least, let us try.

Every tubercle has fibrine in a fluid state, extravasated from the blood into and around it during the progress of its organisation, and then the said fibrine coagulates into granules and fibrils, to furnish Prof. Koch with his bacteria in the organising stage of tubercles. This assertion of fibrine being extravasated into and around tubercles is no mere guesswork. It is a great scientific fact, and an absolute necessity in nature's watchful and unceasing conservative care over us, for which, however, Prof. Koch seems not to make the slightest allowance.

The fibrine exuded into the tissues around tubercles becomes condensed and organises (under the inflammation that softens the tubercles) into the firm and impervious wall that outlines and divides its putrid contents from the surrounding healthy tissues.

The fibrine extravasated into the tubercle and upon its immediate surface, and there organising, is what gives us the fibrous stage of all tubercles that have such a stage. Then, when the tubercle softens, the organised fibrine in it softens with the rest; that is, undergoes retrograde metamorphosis, or breaks down in the exact inverse order of its original construction by separating into fibrils, and these fibrils breaking up into segments, or the so-called rod-like bacteria, while the segments separate into their original granules, or the assumed micrococci, and furnish Prof. Koch with all the bacteria he claims to exist in tubercles.

So much for bacteria in general in tubercles. Now we come to another and more specific point, that may seem to many difficult to surmount. Prof. Tyndall quotes Koch on the following point: "It was," he says, "in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it." And the editor of the *New York Medical Record* says, in speaking of Koch's "minute bacillus" of tubercles: "It is rod-shaped, and from one-fourth to one-half the length of a red blood corpuscle." These are specific and positive assertions as to the form, size, and nature of the bodies which Koch claims

to have seen : and let it be understood that no question is here raised as to his having seen such bodies. He has undoubtedly given us the facts correctly upon that point, but it is his assumption as to the nature of these objects that is disputed, and to understand this we must again digress to other matters.

Many times during the last twenty years have I asserted that every tubercular cell is nothing but a decolorised red blood corpuscle, and with this paper I submit a sheet illustrating this fact. The causes of this change of the natural healthy cells of the blood to the most deadly of all morbid cells that prey upon organised life is as far removed from bacteria as heaven is from that place to which the writer expects to be speedily consigned for having written this paper.

It is the circulation of the coloured blood corpuscles in the too watery blood of the consumptive that decolorises many of them, that is, the older and weaker of them, just as other organic structures of colour are bleached when having to exist in a medium that is too watery for their nature. Then they (these decolorised blood corpuscles) are deposited or congested in the capillaries, and fibrine is poured out around them, where it coagulates to enclose the mass, and the whole becomes an organised tubercle. In many, if not in all, cases, in the first stage of the disease, other blood corpuscles, not decolorised before their deposit, become also congested along with those that are, and many times independently of them, under the strong congestive tendencies of some tuberculous subjects, after which such corpuscles are also decolorised by the chronic or subacute inflammation which they excite, have fibrine extravasated and organised around them, and they, too, then become tubercular corpuscles, and constitute in mass a tubercle.

Here, then, is the simple story of the immediate cause of the organisation of all tubercles wherever formed in animal life, and with which bacteria has no more to do in any case than they have to do with the creation of healthy blood corpuscles in the first instance, or than we had with the creation of the world.

A little further explanation of facts, and then we shall be prepared to understand Prof. Koch's bacteria within the tubercle cell, as well as those distributed through the tubercular mass outside of the individual cells, which has already been explained. We all know the fact that fibrine is held

in perfect solution in the serum of the blood, and also that it passes through the walls of the capillaries, while thus held in solution, without the slightest apparent hindrance; or as readily as it would through a sieve; and we further know that the serum and whatever is in solution in it, fibrine and all, pass just as readily through the walls of the blood corpuscles inwardly to mingle with their contents as they do through the capillary walls. Indeed the liquid contents of the blood corpuscles are the same as the serum of the blood, with hematine added thereto, to give them their colour. And still again all know, or ought to, that wherever blood stagnates under congestion, and especially so under inflammation, the fibrine in the serum commences at once to coagulate into granules which soon unite to form fibrils. Lehmann says this coagulation of the fibrine "goes on within the vessels of the living body as soon as the blood ceases to circulate."

Well, then, what happens to the fibrine held in solution in the serum which is retained in the congested vessels, must also happen to the fibrine held in solution in the serum retained within the walls of the blood corpuscles; that is, it must be coagulated first into granules, which soon join together into minute fibrils within the corpuscles. There can be no other possible result, because wherever fibrine stagnates, and especially when brought under inflammatory action, as in all softened tubercles, there it universally coagulates.

Then, all tubercular corpuscles being simply decolorised blood corpuscles, and nothing else, which hold within them fibrine in solution, this must be coagulated in the way above pointed out, and thus furnish Dr. Koch with his bacteria here, too, the same as throughout the mass of tubercle outside the special cells. You will remember the point in this connection already given from the editor of the *New York Medical Record*, that the tubercular bacterium of Koch "is rod-shaped, and from one-fourth to one-half the length of a red blood corpuscle," which would be the exact condition of the fibrils of fibrine coagulated within the blood corpuscles, as just described.

And here, as it seems to me, is all there is of this much-talked-of discovery, which has led, or is rapidly leading, to a new bacteria craze, which, unless stopped, must still further divert the minds of physicians from disease as it really is in nature, and from their true duty in healing the afflicted, by



creating bugbears that they know nothing of or how to combat, and which only leaves them helpless in the midst of doubts and fears that have no foundation whatever in fact.

## PHARMACOLOGICAL FRAGMENTS.

### *Collinsonia Canadensis.*

My introduction to this medicine was given me by a patient. Of course I had known of *Collinsonia*, and had read of its virtues, but I had not made any clinical use of this medicine until it was brought prominently before me by a failure of my own.

Failures are, on the one hand, delightfully humiliating; but, on the other, they are wonderfully improving. My failure certainly humbled me, but it also, I hope, improved my practice. Let me describe my defeat; it is instructive.

Some years ago I attended a young lady at Croydon, who suffered from troublesome constipation, and also from piles. The stools were very large and rather dry, and at times there was "an attack of piles."

I gave *Bryonia* and *Sulphur* for several weeks with decided advantage to the constipation, but with very little benefit to the piles.

My "Hahnemannian" friends will see that *Bryonia* was rightly chosen for "large and dry motions;" and *Sulphur* was called for by the large, blue, venous swellings which protrude after stool, and which are commonly known as piles.

I gave *Bryonia* in the 1st and 2nd decimal dilutions, and *Sulphur* in the 3rd decimal trituration.

Well, one day I was sent for by my patient, and found her in bed, suffering great pain from a large pile which had protruded, and would not go back of its own sweet will. After a while, with gentle manipulation, I returned the pile. Then I gave *Aesculus Hippocastanum*, for the patient complained of that dull ache in the sacrum which is characteristic of this remedy, and I actually was loose enough in my practice to add *Belladonna* to my prescription. The attack gave way, but my treatment was not brilliant, it was hardly satisfactory. My patient went away from Croydon to a friend in the country. She had an attack similar to the last suffered from at Croydon. She was prescribed for, and quickly relieved.

At our next interview she told me the story of her sufferings, and of her relief; and she said, "I am sure you would like to know what relieved me, and so I have brought the bottle of medicine given me."

I took the little bottle in my hand. It had a label with *Collinsonia Canadensis* on it; the dilution was the second decimal. Like Captain Cuttle, having found this remedy, I made a note of it. I was grateful to my patient, and have been ever since. I have found this medicine most useful in the case of piles which bleed, but bleed only on great pressure, and when the flow is venous and not arterial.

Constipation is generally associated with the pile trouble, and sometimes the bowel itself prolapses. I have given this remedy to a relative of mine who is well advanced in years, who has prolapse of the sphincter, venous bleeding, and occasional constipation. The results are most satisfactory.

I gave it to a lady patient who had a very large internal pile. She suffered from constipation, and one day, in straining at stool, both the pile and sphincter prolapsed.

I was sent for in hot haste from London to Guildford, and though the parts were enormously swollen and congested, after free lubrication of sweet oil and continuous gentle pressure I returned the whole mass. Then *Collinsonia* reduced all inflammatory symptoms, and gave the bowels comfortable relief.

Those of my colleagues who have not made trial of this remedy need not fear to give it to their patients in the low dilutions. In the tincture, 1st, 2nd, and 3rd decimal act well, and do not aggravate. Of the higher dilutions of this remedy I know nothing; of the lower dilutions I have many good words to report.

*Sulphur* follows well, and I have a preference for the 3rd decimal trituration.

E. B. SHULDHAM, M.D., M.A. Oxon.  
5, West Street, Finsbury Circus, E.C.,  
Aug. 14, 1882.

[For our next issue we name *Hypericum perf.*]

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THE *Medical Counselor* appears now bi-monthly, and hails from Grand Rapids, Mich. Our eminent *confrère*, Dr. H. R. Arndt, of Grand Rapids, continues to edit it. That he edits it *well* no one will deny.

## CLINICAL CASES.

By F. B. KNIGHT, M.D., Barbados.

AUG. 10, 1881.—(1.) Mrs. T——, married three months. For the last eight or ten years has suffered from a trouble which greatly embarrassed her in the performance of domestic and other duties, the symptoms of which are as follow:—Sense of bearing down, sensation as if she must cross her legs and sit close, to keep something from coming out of vagina, aggravation in the evening and during motion, relief by lying down.

It having always been my policy to save ladies the humiliation of a manual examination when possible, and using that keynote to which Dr. Hughes has given such prominence in his valuable *Pharmacodynamics*, I prescribed *Sepia* cm. (Skinner), three powders, to be taken one every night on going to bed, and *Sac. Lac.* during the remainder of the week. On the second day she felt perfectly well, took a walk of two miles to her mother's residence, and returned without feeling any discomfort from the journey, which had never hitherto been the case for the period above mentioned.

(2) Mr. F——, a student, towards the close of the winter session of 1882, contracted a cough from the cold lake winds to which the city of Cleveland is so subject.

This cough was worse before midnight and towards morning; it was induced when any part of the body became cold, and in character was loose and rattling, with a sensation as if something were in the throat on swallowing.

I prescribed *Hepar Sulph.* 30, a dose morning and evening for one week. The cure was only partial. Referring to Burt's "Physiological Materia Medica," I became fully impressed that *Hepar* was the simillimum which I prescribed in the 500th potency (Boericke and Tafel), one powder on going to bed. Three or four days after he reported as follows: About 2 a.m. of the same night his cough grew worse than it had been on any former occasion; finally, however, succeeding in falling asleep, he awoke with his cough troubling him no more. Despite the most trying weather he has had no return.

(3) Mr. H——, an engineer, consulted me about a cough from which he suffered. *Bryonia* and *Lycopodium* were given as seemed indicated with only partial benefit. At his next visit he immediately spoke of dreaming of snakes, which

greatly frightened him, also of the pain being worse on the left side. *Lachesis* 13x, six powders, cured.

(4) Mr. N—— consulted me about the following symptoms: palpitation of heart, pressure in the chest in region of heart, pulse intermittent, fever intermittent in character, morning aggravation, aching in the limbs, blueness of lips and finger-nails during the chill, gastric and biliary symptoms after the apyrexia, great heat, yet could not bear to be uncovered. *Nux Vom.* 3x, five drops in half-tumbler of water, teaspoonful every three hours. In three days he was able to resume his work, and up to the present has had no return of the trouble.

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### MORPHINE POISONING.<sup>1</sup>

By A. G. ANTHONY, M.D., Warners, N.Y.

On the evening of December 30th I was hastily summoned to attend a young lady who had attempted suicide by taking *Morphine*.

Arriving at the house at 8 o'clock, I found the family and neighbourhood in the greatest excitement and alarm, and the young lady in question standing cool and self-possessed, with the fixed intention of making her work sure.

One hour previously she had swallowed twenty grains of *Sulphate of Morphia* on an empty stomach, in the presence of her invalid mother and idiotic brother; the former, unable to walk, could sound no alarm to the neighbours, and the latter, who in fact was the prime cause of her taking the deadly dose, with much reluctance was persuaded into calling help from a house some distance away.

The patient's face was pallid, her hands and face had a cold clammy feeling, and she said she had no feeling in her flesh—even the prick of a pin deep into the skin was scarcely noticed. Her eyes were protruded, glossy, and had a fixed, gazing stare, the pupils being contracted almost to the size of a pin's point. Light had no effect on them. The pulse was soft, slow, and scarcely perceptible. Respiration, sighing, and at times so spasmodic as to jerk the whole upper portion of the body, and cause marked cyanosis of the face and blueness under the finger nails. The mind was clear. She could scarcely keep awake, and if she ceased walking

<sup>1</sup> *American Homœopath*, April, 1882.

even for a moment her body would become severely agitated, so she would sink down on the floor, and her breathing would become heavy and stertorous.

I considered the case as very desperate, and informed the family that the patient would probably die. Considering the quantity taken, and the fact that the poison had already been working in the system for over an hour, and that symptoms of most profound *Morphine* poisoning were already present, I considered the prognosis as very unfavourable.

Having no stomach pump with me, I gave 20 grs. of *Zinc. Sulph.*, but this not producing the desired result immediately, I gave the speediest of all emetics—viz., one teaspoonful each of fine table salt and ground mustard. This produced copious vomiting of a yellowish fluid, and ultimately several little balls of the *Morphine*. I kept up the vomiting by giving warm water, until the stomach was completely washed out.

Having to antidote the effect of that already absorbed, gave *Atropine*  $\frac{1}{10}$  of a grain, per stomach, every fifteen minutes for two hours, and after that every thirty minutes for four hours. During the while copious draughts of strong black coffee were given.

The night was cold, and a strong wind blew, but I had her walked by two strong men all night long out in the street. The effect of the air was invigorating, and if even brought into the house for a moment she would sink into a stertorous sleep, the lower jaw would droop, and the whole muscular system relax.

Aside from the coma, the most marked features of the case were the severe nervous agitations. These were so severe at times that she could not articulate a word, and it seemed as though every muscle in the body had a powerful galvanic current playing upon it.

The antidotal effect of the *Atropine* was most marked. The patient said she could feel it throughout her body soon after taking it.

This treatment was continued until six o'clock next morning, when the patient seemed like herself, although almost exhausted from the twenty miles walk. She was allowed nourishment of milk during the entire night, and slept the next day a good refreshing sleep.

The recovery was complete, and the lesson taught the young lady, although a severe one, will last her a lifetime.

## NOTES BY THE WAY.

By DR. USSHER, Wandsworth.

### Foreign Bodies in the Eye.

SOME people are completely intolerant of eye-handling, as others are of throat-inspection. Just now an illustration of the first, the result of the usual speck of metal, some days in the eye, and surrounded with rust. I generally use the vaccine lancet of Arnold for the removal of foreign bodies in the cornea, and find it convenient; it might also be employed for hypodermic insertion of medicines when a syringe was not at hand. In this case I could not accomplish my object, and forebore; the result showed wisely. *Euph.* 6 was prescribed, and directions given to use constant rubbing on the outer lid. In a day or two the metal had come off. It is well to bear in mind that fellow-workmen often try their powers with a pen-knife or quill to lift off the offender, so that the irritability may be severe when the patient comes under your hands. Should two or three attempts fail, I would suggest *Euph.* 6, and patience. I value *Euph.* very highly, and prefer its action in this potency to lower. With some eyes the  $\phi$  in lotion irritates. I examined the eye of this patient with a glass, and there was nothing to distress him, but a spreading inflammation of conjunctiv and cornea, with much pain, distressed me. I began to fear that he was one of the crooked sort who will go the wrong way. The fear of a foreign body still remains with the young man, although he is confident of improvement; danger is happily at an end, thanks to *Bell.* 3x in pilules; his work has undergone no interruption.

### Cough.

A little girl was annoyed with a violent cough, worse on waking after a short sleep. I had made some tinct. *Aral. rac.* 1, and put this symptom on the label; a very good plan when there is a decisive keynote. There was a great deal of phlegm and emaciation. It has brought ease, health, and fat back again, to the great joy of the mother.

No wonder some of the allopaths think our doses small. I have a lady patient, who lately crossed from New York, and who complained of a backache (kidneys, of course); the

doctor of one of those grand ships gave her a four-ounce bottle of *sweet* spirit of nitre (it certainly never got that name from the taste, perhaps the smell), and the mark on the label is a fourth part for a dose; this might suit the sable monarch of many wives who is now partaking of our hospitality—but it did not suit this lady, who found a teaspoonful more than she liked; for her good luck it was at the close of a short voyage, or this man of strong expedients might have transferred her, not to her “ain countrie,” but further.

Lately I have tried to make way with a troublesome chronic ophthalmia, a lippitudo more obstinate than bad, the lachrymal function very inefficient. I believe it was our worthy brother Engall who applied the glycerine drainage to this region; and having a suspicion that the diseased duct is keeping up the chronic inflammation I attack it at both ends, putting glycerine with a brush up the nose, and stimulating drops into the eye once or twice weekly. The drops I have used for years, a bit of Wilde’s practice—not homœopathic of course; they are painful for the moment, but I prefer them to *Nitrate of Silver*; they keep for years good. I make them of cherry laurel water and wine of opium, equal parts, the latter made without spices. I put it in English, lest the T. C. D. Latin might offend a certain editor, who must have been a very “acid baby,” and I fear it is too late to mend him. From the glycerine below and the drops above, as well as sulphur within, which by itself was not all potent, I am getting a better state of things.

### Throat Deafness

in a little nervous girl, her tonsils *enormous*, would provoke the guillotine proclivities of the clippists. To me it was an opportunity longed for to interrogate the high pretensions of *Baryta Carb.*, which our brother Ransford is so partial to in the 12th, and from which I have derived benefit in the 6x of Keene and Ashwell many a time. A lady patient of mine told me that the 200 always “took down” her child’s tonsils. I gave some pilules of it twice daily; the tonsils were in close embrace, alongside each other, as sailors would say, and I was a bit sceptical about this 200 (Keene and Ashwell’s); the tonsils got smaller, “parted company,” and under a dose three times daily (I was going to say *ter die*, but for fear of the cynic) *the deafness is getting better*; so you see a patient’s

hint is worth acting on sometimes. The next time I get another case like it I will use the 12th with honest perseverance to make a case, Ussher v. Ransford. There is a little fact in the last *Quarterly*, under "Foreign Notions," that made my heart glad—a well-known gynæcologist cures ulceration of the womb with *Nitric Acid* 12, *without* severe local measures; so that, after all, this common allopathic usage is homœopathic. But it would be unscientific not to do something for your fee; hence the production of the *armamentarium*—how I do forget myself with those T. C. D. abominations!—it would be vulgar to call them "traps;" the name, however, would be of true significance.

### Pseudo-Apoplexy.

Dr. Shuldham gave us a case not long back of the value of *Nux Vomica* in paralysis—*Nux Vomica* the powerful and potent, but not the poison! Late in the evening I saw an old lady, who, to say the least of it, looked uncommonly queer; she was face-making all day, her answers were short, she was feverish, and during the day her eyes were squinting outwards; for some long period her left arm—her bad arm, as she termed it—was powerless, and I ascertained she had had fits recently. I feared an attack was in store for her, and prescribed *Aconite* 3x; at midnight I found her insensible, convulsed, with a very red neck and hot head. *Belladonna* 3x, two doses at three hours' interval. Again called to her at 6 a.m., found her worse; hands cold; persistent squint; stertor, feeble heart's action; pulse overfull; she had had four fits since midnight, and I did but hope for her safety. She swallowed fluids with difficulty, so I gave her *Nux* 3x on sugar-of-milk, a small powder every two hours. The next morning at 11 o'clock she was rational, her speech returned, and she wondered how she could have been so ill. She would have got up to her usual dinner, but I thought beef-tea and quiet best for her, and a continuance of the *Nux Vomica* 3x pilules. There had been moderate action of the bowels and relief of the bladder. We were all surprised, and I silently benedicted Shuldham, and thanked God that I was permitted to draw back a life so nearly gone. The daughter who had been under allopathic care without relief, put herself under homœopathic treatment, and I for one am not ashamed of the name, an old and honoured one.



THE TEACHING OF THE LONDON SCHOOL OF  
"HOMŒOPATHY."

By E. W. BERRIDGE, M.D.

THE utterances of an accredited teacher at a School of Medicine are certain to receive special attention, perhaps far more than they deserve; hence it is of the last importance that such teachings should be *accurate*. I have just finished the perusal of Dr. Richard Hughes's lecture on "Homœopathic Practice," delivered in the London School of Homœopathy, June 29th, 1882, and published in the August number of the *Monthly Homœopathic Review*; and in it I find such serious divergencies from what Hahnemann taught that I cannot refrain from uttering a strong protest against it.

Dr. Hughes commences by urging his class not to be ashamed of the term Homœopathy, to enrol their names in the Homœopathic Directory, and to join Homœopathic Societies. With all this I most fully agree—provided the aspirant for these honours can show his title to them. What then, according to Dr. Hughes, entitles a physician to call himself a Homœopath? A faithful acceptance of all Hahnemann's practical teachings? Not so; not even faithful acceptance of *similia similibus curantur* as nature's unerring and universal law of drug-healing! Dr. Hughes declares that in acknowledging the truth of Homœopathy they by no means bind themselves to its exclusive practice!

If this be the case, we naturally wish to know where we are to draw the line. How many of our thirty-nine articles may we disbelieve without incurring the penalty, or at least the risk, of excommunication? Dr. Hughes gives a three-fold answer to this question. In the first place, he declares that drug-giving is not the beginning and end of the physician's duty, but that he must attend to hygiene, etc. No one ever denied this, least of all HAHNEMANN; but these matters are as much outside Allopathy as Homœopathy, they do not belong to Therapeutics in the strict etymological sense of the word. In the second place, Dr. Hughes asserts that the "rule," as he persists in terming our law, has limitations inherent in its own nature. "How can drugs," says he, "produce anything like the disorder of sensation and function attending the passage of a calculus?" How they *can* produce it I do not know; I only know that they *do*, and if Dr. Hughes will refer to the records of Homœopathic literature he will find cases where the pain of a passing calculus has

been relieved by drugs selected on account of their producing similar symptoms. Thirdly, Dr. Hughes declares that actual experience has shown that Homœopathy fails comparatively in certain diseases, in number eight. "I find only the following instances," says he, "in which a candid survey of actual practice gives the preference to non-homœopathic measures." This certainly is satisfactorily definite; but unfortunately the *Laws of Therapeutics* teaches that there are six cases of the kind, with one exception, all different from Dr. Hughes's list. We can only, therefore, conclude that, according to Kiddopathy, the exceptions to the law of similars are:—(1) Alkalies for calculi; (2) Atropine in iritis; (3) Bromide of Potassium in epilepsy; (4) Secale in uterine hæmorrhage; (5) Purgatives in intestinal obstructions; and (6) Iodide of Potassium in tertiary symptoms; whereas in the Hughesian system of medicines the eight exceptions are:—(1) Typhoid fever (better treated hydropathically); (2) relapsing fever (better treated by antiseptics); (3) Iodide of Potassium in tertiary symptoms; (4) Opium in peritonitis from perforation; (5) Digitalis in cardiac dropsy; (6) Amyl nitrite in angina pectoris; (7) Iodide of Potassium in aneurism; and (8) Venesection in uræmic coma. "Who shall decide when (such) doctors disagree?" Only it is very unsatisfactory and tantalising to the average "physician practising homœopathy" to find no sure and certain endorsement to his eclecticism when his conscience pricks him!

Many years ago HAHNEMANN threw down a challenge; this challenge has often been repeated, but as yet no eclectic has dared to take up the gauntlet. Again I challenge Dr. Hughes; let him no longer make bare assertions that Homœopathy has failed, while giving no proof that Homœopathy was practised; let him give us a few cases fully detailed, and then we shall see whether the failure was due to the imperfection of Homœopathy or the incapacity of the prescriber; let him do this, I say, or hold his peace for ever.

But apart from these supposed exceptions to our law, Dr. Hughes's teaching as to the selection of the Homœopathic remedy is not "according to the method of HAHNEMANN." The Master taught that *every* case must be individualised; he *never* taught the doctrine of specific medicines for specific diseases; if he did, let Dr. Hughes give us the proofs! In his lectures to the class we now find Dr. Hughes advocating the unhomœopathic method of generalisation. He advises

them, in the treatment of acute diseases, not to let their thoughts range down the whole *Materia Medica*, but to fix them rather upon the group of medicines which general consent has associated with the malady before them, and then to suit them, as among themselves, to the form and stage of the malady. In other words, select the *similia* first, and then from these select the *simillimum*. I should have thought the simplest method was to seek for the *simillimum* at once. This new method may be the *ne plus ultra* of scientific prescribing; it may be the very foundation of the Hughesian system of medicine; but to my mind it resembles nothing so much as the conduct of the Irishman who enlisted in the 32nd Regiment in order to be near his brother who was in the 31st!

Moreover, when we examine Dr. Hughes's illustrations we find them grievously wanting. He tells us we shall get little good, even in a chronic disease like diabetes, by deserting *Phos.-ac.* and *Uranium*. Would he be *very* much surprised to hear that my MS. Repertory contains the names of no less than THIRTY-SEVEN medicines which produce glycosuria? Why should the other thirty-five be neglected? And are these the only remedies to be used in diabetes? Let those who prefer the pathological method in prescribing for this, or any other disease, read the case of diabetes reported by Dr. Skinner in the February number of the *N. A. J. of Hom.* for the present year, a case which was cured by a few doses of *Hepar*, selected by myself on account of the mental state of the patient, without any reference to the objective condition of the urine at all, such condition being too vague and general to base a prescription upon.

Dr. Hughes further declares that in pneumonia *Acon.*, *Bry.*, *Sulph.*, *Phosph.*, and *Ant.-tart.* comprise the whole ordinary therapeutics of the disease. Has he forgotten the now historical cases of that disease cured by *Podophyllum* and *Lycop.* respectively selected according to the individual symptoms of each case, after several of the above-mentioned routine remedies had been given without effect?

Moreover, when the *similia* are discovered, what does Dr. Hughes advise his class to do? "These you will prescribe, in succession or alternation, as you may determine"! In succession, doubtless, if succession of changing symptoms indicates it; but why advocate the practice of alternation? "Physicians practising Homœopathy" are only too ready to fall into this lazy practice, without being encouraged thereto

by their teachers. But, curiously enough, in the preceding article, Dr. Hughes's colleague and co-lecturer, Dr. Pope, in his Closing Address to the British Homœopathic Society, stigmatises alternation as "unscientific and often unsatisfactory"! (p. 474). So here we have the remarkable spectacle of one lecturer of the School advocating what the other denounces! This is a sad revelation, likely to cause the enemy to blaspheme; and to avoid such an awkward *contre-temps* for the future, it might be well for each lecturer to revise his colleague's writings, at any rate before they appeared in print.

One word more, and I have done for the present. In the name of Hahnemann and his many true followers (far more than half a dozen in this country, as Dr. Pope opines), I protest against such teaching being given as *Homœopathic*. Dr. Hughes has a right to his own opinions as to what is the best method of curing disease, and he is perfectly at liberty to teach his views where he can, but let not such doctrines as I have just quoted be called Homœopathy. He may call them "Modern Medicine," "Improved Medicine," "Eclecticism," "the Hughesian system," or "Kiddopathy," whichever he pleases, but they shall not be designated Homœopathy without a protest. And let the supporters of the School look to it. Men's eyes are beginning to be opened, and they see that all is not gold that glitters. Already Hahnemannians, both lay and medical, are withdrawing from the school on account of the unhomœopathic teaching therein, and this withdrawal will surely spread. The camp of professed homœopaths has been for a long time divided into two bodies, the Hahnemannians and the Eclectics; the new teaching of the School, with its bogus "licence," is still further effecting a separation, the latter applying for the L.H., and the former for the membership of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION; and I trust the time is not far distant when the separation will be complete, and the Eclectics, one and all, follow the noble example of their great leader, Dr. Kidd, and publicly repudiate Homœopathy and withdraw their names (as many this year have done) from the Homœopathic Directory.

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### A NEW COUGH REPERTORY.

A CAPITAL *Cough Repertory* is now being published as a supplement to the *Homœopathic Physician*.

## DRUGS THAT CAUSE ACUTE GLAUCOMA.

THE *Dublin Journal of Medical Science*, says: "That *Atropia* instilled into an eye may excite an attack of acute inflammatory glaucoma, is generally accepted by ophthalmologists as an established clinical fact. An inference which may properly be induced from this is that all drugs belonging to the mydriatics may likewise cause this morbid state to appear. A practical illustration of this with regard to *duboisia* is presented in the history of a case—the first, so far as we are aware, on record—reported by Dr. Albert G. Heyl, in the *American Journal of the Medical Sciences* for April, 1882, in which, following the instillation of *duboisia*, acute inflammatory glaucoma was speedily developed in an eye, in which a simple glaucoma already existed."

This is cheering, for like cures like. *Ergo*, in acute inflammatory glaucoma, do not get into a state of perturbation and hurry your glaucomatous patient off to have him operated on, but try the mydriatics *not too low*. We claim to have successfully treated two formidable cases of acute inflammatory glaucoma with medicines (and diet) during the past six months—both of the right eye. Of course, the conceited agnostic mutters in his beard, "mistaken diagnosis." *He* cannot, therefore no one else can.

Dr. Gallavardin, of Lyons, has a very high opinion of *Colchicum* in glaucoma.

## CASE OF CHRONIC DIARRHŒA OF TWENTY YEARS' STANDING CURED BY JALAP.

By J. C. BURNETT, M.D.

I HAVE generally found that people are most readily convinced of the beautiful truth of the homœopathic *law* by a *simple case*. The case of Chronic Diarrhœa which I now intend to relate has confirmed this experience, although such confirmation was needless. The patient was a great scoffer at Homœopathy; he is not one of your lukewarm people who do not care very much any way, but he held Homœopathy in the most supreme contempt, and its professors were for him undesirable beings. He was an allopath of the allopaths, and even when brought to me by a friend, he proceeded to say that he did not believe in "your homœopathy," and only came to please his friend. Probably there was a

faintly flickering hope, lurking deep down in his inner self, that he might by some good luck get cured nevertheless, though he stoutly affirmed that he had "no faith."

It was just as the old year 1881 was coming to its close that Mr. — came as just described. He had had diarrhœa, off and on, for twenty years, generally in the fall and winter.

It first began twenty years ago, and he attributed it to anxiety; anxiety made it worse.

Tongue very smooth and glazed; morning taste dry and metallic.

Urine pale. Pulse small. Never had any other disease except some boils years ago.

*Nature of Diarrhœa.* The motions came suddenly; of watery consistence; generally a little blood with the stool; much wind; smell of rotten eggs. Considerable meteorism.

If any one does not believe that *Jalap* will cause diarrhœa, there is a very simple means of ascertaining.

My prescription was *Jalap*. 3x, four grains, dry on the tongue, three times a day.

It cured him straight away, and this whilom scoffer at our blessed therapeutic law is now an ardent homœopathic missionary in this good city of London.

July 26, 1882.

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## NEW ARTICLES.

### W. BUTCHER'S LIME FRUIT SYRUP.

THIS is prepared from the lime tree—or rather from its fruit—and contains the main qualities of lime and lemon juice in a very palatable form. A teaspoonful added to a tumblerful of cold water makes a very nice drink, as we can testify. We can see no manner of objection to it, and commend it to the homœopathic public as a wholesome beverage.

### MURDOCK'S LIQUID FOOD.

Messrs. HEATH AND Co., of Ebury Street, have sent us a sample bottle of this food, which is said to be an extract of beef, mutton, and fruits. If the statements put forward regarding it are true, it will play a notable part in the feeding of patients suffering from exhaustive diseases.

## ADDRESS ON HOMŒOPATHY BY HON. MONTGOMERY BLAIR.

WE read in the *New York Medical Times* an abstract from the *American Register* of an address by the Hon. Montgomery Blair before the "National Homœopathic Hospital Association" at Washington. It runs thus:—

"The prosecution and proscription given to the Christian doctrines by the priests and Levites is reproduced in our day by the teachers and leaders in all departments of human life towards any teacher of new doctrine, modified only by the changed circumstances of the age; and it is not until the new teacher finds support and backing among the people sufficient to force the doctrine upon the attention of the old school that they will give it any quarter.

"Homœopathy has been undergoing this ordeal for nearly a century. It does not matter that Homœopathy was, like that of Harvey and Jenner, the discovery of one of the most cultured minds of the medical profession. It was sufficient that it was the announcement of a new principle which revolutionised treatment to make it repulsive to the fraternity for the time being, and to cause them to make war upon it and upon the discoverer and his disciples *à l'outrance*.

"Hahnemann's history shows that the medical high priest shares fully the venomous and vindictive spirit of the religious high priest. They could not take his life. Happily the day has passed when bigotry of any kind is permitted to assuage itself with the blood of its victims. It can only slay them by war on their character and pursuits in life. The medical bigots of Hahnemann's day, and even of our day, thus pursued him and still pursue him and his disciples relentlessly. The resentment of the property holders against the communist and the burglar is not more vindictive. Of course no investigation has been made or can be made of the truth of the principle asserted by the homœopaths by men animated by such a spirit, and the fact that no investigation of the subject has been made by them is admitted by the *Medical Record*, a leading organ of the regular brotherhood. \* \* \*

"It is manifest to all intelligent observers that the time is rapidly approaching when the faculty will be forced to consider Homœopathy with some other purpose than to rail at and ridicule it. The action of the New York State Medical Society authorising its members to consult with homœo-

pathic practitioners, the admission of the *Medical Record* that the Hahnemannian principle alone makes therapeutics a science, the abandonment of bleeding and purging, the reduction of doses by the allopaths and their administration of homœopathic remedies to the extent now common among them, are concessions to the growing public sentiment in favour of Homœopathy, which show that a great revolution is at hand. It is impossible to over-estimate the importance of this change to the human race, for when all the learning and genius devoted to medicine in our age shall by this change be directed to the application of the Hahnemannian principle, medical science will advance to a degree of usefulness and of popular confidence which it has never yet attained.

"It is the acknowledged empiricism of the profession which fills the apothecary shops with quack medicines, and they can only abolish quackery, and deserve and receive the confidence of the people, by themselves accepting and applying a principle in treatment. If Homœopathy was only what its opponents represent it to be, the administering of infinitesimals which they contend can neither help nor hurt, it would not be more ridiculous than allopathy. Both would be systems of empiricism, and we should have to rely upon the results as tests of superiority. We could not assume upon *a priori* reasoning that drugs in big doses would cure better than drugs in infinitesimal doses. No medical substance is traceable in the waters of some of the most famous springs in our country. The water of the Hot Springs of Arkansas is found to be a specific for the most dreadful diseases that flesh is heir to, and hitherto without remedy, and the Eureka Spring is thought to be effective in cancerous affections. The Summit Spring in Maine and the Gettysburg Spring in Pennsylvania, are also found to be restoratives in many cases. In neither of these is any medical substance traceable by analysis. Yet it is certain that these waters produce positive remedial effects. But the evidence of it is not stronger than that such results are also produced by the administration of drugs in what are called infinitesimal doses, and they are quite as probable in themselves as the cures wrought by the infinitesimals contained in the waters of these celebrated springs.

"And tested by no other standard than well-attested observed results, the infinitesimal would certainly be the better system than the allopathic. Sir John Forbes, the



Queen's physician, in his treatise entitled 'Nature and Art in the Cure of Disease,' speaking for the allopathists, acknowledges that they know of but one specific, *quinine*, and he says further that there is such uncertainty as to the effects of their other remedies, and that there is so little reason for thinking them beneficial, that of every 100 cases of recovery, it may be safely assumed that ninety-nine would have recovered without any medicine at all. Sir John was at the head of his profession and a man of elevated character, and gives a candid expression in his book to the results of a long experience and a fine judgment. Against this the different idea which largely prevails in his school that art is everything and nature is nothing in disease will go for nothing.

"And if we accept Sir John Forbes's judgment as to the uselessness of allopathic drugging, for that is what it amounts to, it follows necessarily that there is no justification whatever for it, and that it is a great error to subject a man already feeble from natural disease to the additional danger and suffering of an artificial disease caused by administering heavy doses of drugs, and that it would be altogether safe to leave the struggle for life to nature's forces unimpaired by violent remedies.

"Hence Homœopathy would be plainly preferable to allopathy if it were assumed to be altogether inert. But it does not follow because Homœopathy is harmless and no reason can be given for its effectiveness that it is inert. No explanation can be given for the effectiveness of the waters of the springs above mentioned. Nor could we explain them if able to show that they corresponded with and proved the Hahnemannian law. We cannot explain gravitation. And it is not necessary to be able to explain either law to enable us to apply it to useful purposes.

"And whilst we cannot explain the existence of this or of any other natural law, we can see that it is not repugnant to any known law, but harmonises with them all. Thus we know that a push given to one who is walking or running in the same direction, checks his movement, and if repeated will arrest it; that grief is assuaged by sad and sympathetic music or language, not by gay music or sprightly talk; and Shakespeare makes Petruchio tame his Catherine not by repression, but playing the shrew himself. And it may be said without irreverence that the souls of sorrowing men are ministered to in like manner by the 'Man of Sorrows who was acquainted with grief.' There is, indeed, certainly

reason for thinking that the power to heal body, mind, and soul must be assimilated to their affections. This seems to be the principle which pervades human nature.

"And having found as a fact that certain medicines when administered in large doses produce on certain organs in health symptoms resembling those of certain natural diseases, we can understand why minute doses of the medicine will affect these organs when diseased, although the doses are smaller than would be operative in health. This is because the susceptibility of the organ is so heightened by the disease as to make it sensitive to a quantity of medicine which would not affect it in health, just as the smallest ray of light which would not affect the eye in health, becomes painful when the organ is inflamed.

"This analogy may aid us in conceiving how minute doses may be harmless because too small to affect the healthy organs, and yet when applied to diseased organs may be helpful because the disease renders the organs peculiarly sensitive to the medicines which affect them in health, and the proper medicine in the smallest quantity may therefore affect and produce reaction on the organs against the disease by which it is affected.

"But it is not necessary to explain how this slight and safe intrusion of an analogous affection upon a diseased organ causes reaction by the vital forces, and facilitates recovery and probably saves life by calling them into action before exhaustion. It is enough that it has been ascertained with almost absolute certainty by the systematic and close observation of multitudes of conscientious and skilful observers that this is the effect of this delicate and scientific mode of dealing with the vital powers. \* \* \*

"To all reasonable, practical, and candid minds, the concurrent testimony of 6,000 educated physicians throughout the country who are daily acting upon the Hahnemannian law, and the millions treated by them, should be conclusive against the mere pre-conception of any number of men, however learned, able, and conscientious, who refuse to consider the subject at all. To the unskilled nothing is more incredible in itself than a telegram, but we all read in the morning papers the events of yesterday in the remotest parts of earth, without doubting that the words came from those parts. But the manipulation of the life forces by the Hahnemannian law is scarcely a more delicate process than that of the electric fluid by which this information comes, and the fact that

such manipulation can be had is not more incredible in one case than in the other, and hence it is not less irrational to reject the positive proofs of the operation of the Hahnemannian law than it would be to refuse to read a telegram. Having stood the test of human scrutiny for near a century, and having steadily gained adherents whenever it has been investigated, without losing any, it may be safely stated that no physical law beyond the range of exact science can be regarded as better established than the Hahnemannian law."

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### COFFEE CONCOCTIONS—AND HOW TO MAKE THEM.

A RECENT analysis of coffee affords *strong grounds* for the conclusion that such a thing as pure coffee exists only in the imagination of "the pure, to whom all things are pure." Out of thirty-seven specimens three proved to be actually devoid of any coffee whatever. Even that "sold as a mixture of coffee and chicory" proved a downright sell, the chicory itself being adulterated. Dates and dandelions are comparatively harmless, but there were besides, potatoes, carrots, parsnips, beans, mangold-wurzel, acorns, biscuit-powder, burnt sugar, and general vegetable matter. ("What's the matter?" we should like to know.) As if these were not enough, there have been found also in coffee Venetian red, burnt rags, and rope-yarn, lentils, and ground lupine seeds, sawdust, horses' hearts (to think that adulterators should "have the heart to do this!") and baked bullock's liver.

We thus see that a great deal of the fine Jamaica coffee is not "real Jam" at all, and that the best Mocha is a mere Mocha-ry. As to the victims of such frauds, we might ask them, in music-hall language:

"How do you like your coffee? what do you give a pound?  
How do you like baked horse's heart and lentils finely ground?  
How do you like Venetian red, rope, sawdust, rags, and such?  
How did you get that poison down, and *did it hurt you much?*"

—*Funny Folks.*

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### WHEAT-MEAL BREAD.

DISSOLVE 1½oz. of German yeast in a pint of water, milk-warm, in which put a tablespoonful of sugar. Put 7lb. of wheat-meal in a large dish and salt according to taste (about 1½oz.). If the yeast has proved good, add it to your meal, and, with plenty of warm water at hand, knead it to rather soft consistency. Put it into well-floured tins, about half full, so as to allow room to rise. In about an hour and a half it will be fit for the oven if put into a warm place. A pint of milk in kneading is a great improvement. By this method fermentation is reduced to a minimum. The bread is much lighter and the crust is as porous as the middle of the loaf.—*Dietetic Reformer*, October, 1880.

Wheat-meal, when properly ground, should all pass through an 18-mesh wire sieve, and wheat-meal bread may be known by the crust having a fine smooth granular surface; free from the large flakes of bran, chaff, etc., usually seen in whole-meal bread, and which have such an irritating effect.

### GRINDELIA SQARROSA.

*Grindelia Squarrosa* causes and cures pains in the left side. This is usually splenic, but may develop anywhere from nipple level to hip.—Dr. Munk, *Medical Tribune*, June, 1882. The *Hahnemannian Monthly* asks if it is to rival Dr. Burnett's favourite *Ceanothus*. We think not; *Ceanothus* is *facile princeps*. *Grindelia Squarrosa* is a remarkable drug, as may be seen from Dr. Bundy's proving (see Allen's Supplement, p. 539). It seems to hit the head pretty hard, very much like quinine, and its action on the *left* eye is most striking. Compare *Juglans regia*.

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### PERSONALIA.

DR. W. T. BRANSTRUP, of Vincennes, Indiana, is now in London, on a visit. After attending the Congress in Edinburgh, he intends doing the Rhine *en route* for Vienna, where he proposes to pass the winter, making special use of the Gynæcological Department of the General Hospital of that city. He proposes to return in the spring by way of Paris.

PROFESSOR BIGGAR, the eminent homœopathic surgeon, of Cleveland, is likewise in London, and intends being at the Edinburgh Congress.

## THE TREATMENT OF BURNS AND SCALDS.

OUR own favourite remedies for burns and scalds are *Cantharis* and *Urtica urens*; but *Cantharis* is not always at hand in any place, and the stinging-nettle is out of the way for town folks. But a little carbonate of soda is generally at hand, and hence we offer no apology for reproducing what Dr. Peppercorne some time since published in the *Practitioner* on "Soda as a Remedy for Burns and Scalds":—

Accidental burns and scalds, even when not very severe, extensive, or dangerous, commonly cause so much pain for an indefinite time, depending probably as to duration and severity a good deal on the age of the sufferer, and on the greater or less degree of sensitiveness of the individual's skin or constitution—not forgetting the feverish reaction, and the dangerous internal secondary inflammations that are apt to follow in some cases—that any easily applied and quickly available remedy and relief, with perhaps the immediate necessity of calling in professional assistance, will be acknowledged as a boon by most persons; and especially so, when it is remembered that the sooner the agonising burning pain in the part can be allayed, the less chance there is of dangerous secondary effects, besides sloughing, etc., so severely trying to children and old persons.

The usual first applications to these painful injuries, whether so-called *popular* remedies, or such as are usually recommended by members of the profession, are numerous enough, but cannot unfortunately hitherto be considered as generally successful in giving certain and speedy relief from pain, and, too often, intense suffering. One friend will recommend that the parts be covered with flour from the dredger; another will advise fine cotton-wool, or wadding; another, starch in powder, or soap, or treacle, or the so-called Carron-oil, etc.; but hardly one of such applications can be said to give more than very uncertain or temporary relief from pain, although, perhaps, by occupying the attention of the sufferer, they may in this way prove of some *mental* benefit during his sufferings—being indeed employed really for want of anything better—although, in fact, some of these applications, such as treacle, flour, starch, etc., prove so disagreeable in their after effects, being often difficult to remove and renew, as to add frequently to the poor patient's depression and suffering, owing to their adhering to the injured parts in dry cakes very irritating to the raw surface.

It is now many years ago (see the *London Medical Gazette* of March, 1814) that the author of this paper, while engaged in some investigations as to the qualities and effects of the alkalies in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or *saturated* solution of the bicarbonated soda in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately relieving the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration.

For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting-paper, of a size sufficient to cover the burned or scalded parts, and to keep it constantly well wetted with the sodaic lotion, so as to prevent its drying. By this means, it usually happens that all pain ceases in from a quarter to half an hour, or even much less time.

When the main part of a limb, such as the hand and forearm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug, or pail, or other convenient vessel filled with the soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the *saturated* solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold.

What is now usually sold as bicarbonate of soda is what I have commonly used and recommended; although this is well known to vary much in quality according to where it is manufactured—but it will be found to answer the purpose, although probably Howard's is most to be depended on, the common carbonate being too caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons.

## RHUS TOX. POISONING—TWO CASES.

By R. A. MILLER, M.D.

CASE 1.—A little girl, aged ten years, was brought to my office with an eruption over the face, chest, and extremities. On inquiry I learned that the trouble commenced when five years of age, while rambling through woods in search of flowers. She came in contact with poison oak, when an irritation commenced on the hands, and continued to spread and grow worse each year, until it extended over the entire body. The eruption would make its appearance on the body and extremities some three or four times each year, commencing in the spring. She had been treated by the old-school physicians at different times for four years with lotions, washes, ointments, cathartics, diuretics, and alteratives, without anything but temporary relief, stating that a cure was impossible. (Poor encouragement indeed.) When brought to my office the following symptoms were present—viz., skin presented a green, yellowish appearance, with an exceedingly troublesome erysipelatoid affection, particularly of the face. The œdema of the face was so great as almost entirely to obliterate the features. These were attended with itching, redness of the skin, a sense of burning, tumefaction, vesication, and ultimately desquamation. On account of the constipated condition of the bowels I prescribed for the first week *Nux Vomica* 3 every six hours, and directed as a local application twice daily *Virginia Serpentaria*. Second week, the constipated state of the bowels being overcome, I prescribed *Ars. Alb.* 3 three times daily; continued same prescription for five weeks, at the end of which time the eruption had disappeared. Skin had cleared up beautifully. System reduced to a normal state, and the little girl had gained 15lb. in flesh. No more medicine.

Case 2.—Mrs. S., aged forty-five years, large, fleshy, weight 200lb., light brunette, called at my office, complained of a troublesome eruption over the face, which she thought to be a form of erysipelas, stating that it made its appearance every summer, and continued during the warm months, and was of eight years' standing.

Symptoms.—In addition to the eruption and œdema of the face she complained of a disordered condition of the gastric-intestinal apparatus, loss of vitality, cardiac derangement, drawing tearing pains in the extremities, worse in the evening, frightful dreams, cold, clammy perspiration, burning

sensation in the blood-vessels, excessive anguish and agony, especially at night; sunken, pale, livid, cadaverous countenance; pressure at the pit of the stomach, as if the heart would be pressed out of its position; spasmodic colic, burning, watery diarrhœa, with involuntary stools excoriating the anus. Had been treated by old and new school doctors, eclectic and magnetic doctors, root, herb and quack doctors—all without any benefit.

Prescribed *Ars. Iod.* 3 every four hours for the first three days; returned feeling much better; continued same prescription three times daily for three weeks, and directed a local application of the pure tincture of *Grindelia Robusta* to be applied to the face with a camel's-hair brush. At the end of three weeks returned, feeling greatly benefited; eruption on face gone. There still remained a sense of fullness in the stomach, with sometimes spasmodic pains through the bowels. Prescribed *Lycopodium* 6 morning and evening, with an occasional dose of *Sulph.* 3. Returned three months after, complaining of spells of bilious colic, accompanied with facial neuralgia. Prescribed *Bryonia Alba* 3, a dose three times daily, with a dose of *Sulphur* 200 once every ten days. It has now been over a year since the last prescription, and there has been no symptoms of a return of the original trouble in either of the above-named cases.—*Medical Call.*

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### THE HAHNEMANNIAN LECTURE, 1882.

DR. DUDGEON, Hahnemannian Lecturer, 1882, has chosen for the title of his oration "Hahnemann, the Founder of Scientific Therapeutics." We are very anxious to hear it, and shall be still more so to read it.

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### LEGACY TO THE LONDON HOMŒOPATHIC HOSPITAL.

It gives us much pleasure to state that by the will of Miss Margaret Trotter, late of 9A, Upper Brook Street, Grosvenor Square, and of the Château la Rocheville, Pecq, near Versailles, which was proved on the 9th of June, this institution becomes entitled to £3,500 Midland Railway Stock, which, at the price of the day, is equal to about £4,700.



## DR. TALBOT'S STATISTICS OF HOMŒOPATHY IN AMERICA.

At the meeting of the American Institute of Homœopathy, an account of which was given in our last issue, Dr. Talbot, Dean of Faculty, University of Boston, submitted a report, from which we extract the following:—

"There are 7,000 homœopathic physicians in the United States, and 278 institutions; 4 national societies report 1,069 members; 26 State societies report 1,783 members; of 103 local societies, 66 report 2,355 members; of 13 clubs, 7 report 97 members; of 23 general hospitals, 18 report 1,268 beds,—15 of these last year treated 6,675 patients, and the estimated value of 11 of these hospitals is 770,500 dollars. Of 30 special hospitals, 15 report 859 beds, and 9 of these treated last year 10,617 patients, of whom about one-half were confined on their beds; and the cost of 10 of these institutions was 1,006,000 dollars. Of 39 dispensaries, 27 report last year 111,469 patients, and to these have been furnished 256,589 prescriptions. Twelve medical colleges have had 1,267 students, and graduated 421 physicians this year, and 5,680 since they were founded. Sixteen journals have published this year 9,748 pages."

N.B.—According to the *Lancet*, of a fortnight since, Homœopathy is extinct!

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## A DERMATOLOGICAL DRAMA.

THE *Moniteur des Sciences Médicales et Pharmaceutiques* publishes an amusing "dermatological drama," called "King Sulphur," which is said to be played at the Hôpital St. Louis. Sulphur is King of Cutis, and has just conquered Acarus. He lays his crown at the feet of Queen Friction, who has aided him in the campaign, and implores her to become his honoured queen. But she insists first on making an assault on Favus, and totally destroying his arrogant rule. If afterwards Sulphur should burn with the same ardour she will consent. Then she leads forth her army, attended by Axungia, while Sulphur marches in her train. Meanwhile the old-tried generals Hydrargyrum, Iodide of Potassium, and Turbith, consult in angry conferences. Hydrargyrum is excited when he thinks that he, who has for forty years combated with so much glory all the forces of the Syphilides, should now be set aside for this Sulphur. Iodide laughs at his fears, and mocks at the silly tactics of Sulphur in such a

war. Then we are introduced to the palace of Queen Eczema, wife of Herpes, who confides to her faithful attendant Acne her fears as to the future; she imagines she is losing her bloom, and is oppressed with vague fears. The news of the advance of Sulphur with Friction and Axungia causes vast alarm. Great preparations are made to resist him, but his attack is irresistible, and at length Favus, Eczema, Herpes, and all their generals, have to acknowledge themselves vanquished by this terrible parasite and spore destroyer.—*Chemist and Druggist.*

## ABIES NIGRA: CLINICAL EXPERIENCE WITH.

By H. N. GUERNSEY, M.D.

A FEW symptoms or groups of symptoms are very characteristic of this remedy, and equally reliable when they stand out distinctly as such, viz.: total loss of appetite in the morning, but great craving for food at noon and at night; sensation of an undigested hard-boiled egg in the stomach; continual distressing constriction just above the pit of the stomach, as if everything were knotted up, or as if a hard lump of undigested food remained there; a painful sensation, as if something were lodged in the chest and had to be coughed up. No amount of coughing is able to dislodge the painful object, the cough rather increases the suffering, waterbrash often succeeds the cough, and often quantities of mucus are expectorated, but the offending object remains, causing much distress and profuse lachrymation. The trouble is really in the stomach, and after a while subsides, to reappear the next day or night, and so it continues for years until *Abies nigra* comes to the rescue.

Either of the above group of symptoms, when well marked, may become suggestive of a remedy that will work a wonderful cure that nothing else can. When these stomach symptoms are the most characteristic in a given case, two or three doses of *Abies nigra*, not lower than the thirtieth potency, given twelve hours apart, will be sufficient to remove not only these symptoms, but a host of others, if they exist, such as dysuria, constipation, old chronic coughs, headaches, etc., etc., by waiting patiently on these three doses from five to eight weeks, or longer if necessary. Let the doubtful members of our profession try this method faithfully if they wish to know for themselves. *Abies nigra*

should not be repeated oftener than once per week or two, and not then if improvement still continues, for it is a very powerful and long-acting medicine. The idea to be *distinctly* perceived in this matter is *not* a sensation of *weight*, but a *lump*, as of a hard-boiled egg, or a three-cornered substance—something that hurts.—*New England Medical Gazette*.

## PROPYLAMIN IN RHEUMATIC FEVER.

By C. H. SANBORN, M.D.

IN January, 1862, I began to use *Propylamin* in rheumatic fever, and I have used it every year since. My whole number of cases of rheumatic fever has been about sixty. I begin the treatment with *Aconite* and *Propylamin*, giving two doses of *Propylamin* four times a day for three days. I have had no case which lasted more than a week, and generally in three days my patients can walk about without pain. They are cured in three or four days by *Propylamin*. When I used allopathic medicines my patients were obliged to lie in bed from twenty-one to forty days.—*Med. Call*.

## LAPPA MAJOR—CULPEPER, 1750—JONES, 1882.

By E. M. HALE, M.D., Chicago, Ill.

I WAS much interested when I read in your May number, page 292, an extract from a letter of Dr. S. A. Jones to Dr. Mohr, in which the former claims to have cured prolapsus uteri with Burdock. The "clear indications" which he gives for its use are: "Great relaxation of the tissues, atonic condition, great soreness in uterus, or ovary; urine neutral, or alkaline."

After reading this I bethought me of an old *Materia Medica*, by Nicholas Culpeper, the first edition of which was issued about the year 1750. The edition I have is the fourteenth, published in 1810, and edited by E. Sibley, M.D. As a matter of curiosity, and not for the purpose of lessening the value of Dr. Jones's discovery, I send you a copy of a portion of what Culpeper says of Burdock:—

"Venus challenges this herb for her own, and by its seed or leaf you may draw the womb which way you please. Either upward by applying it to the crown of the head in case it

falls out or downward, in fits of the mother (uterine spasm? H.), by applying it to the soles of the feet; or, if you would stay it in its place, apply it to the navel, and that is likewise a good way to stay the child in it."

Now if Dr. Jones has made provings of Burdock, and found it to cause prolapsus uteri, or symptoms indicating that condition, the fact gives rise to certain curious speculations. It is well known that the old physicians had much confidence in the curative power of drugs when applied to the skin. In this way Coral was supposed to cure whooping-cough; Copper, internal cramps and choleraic discharges; Ambergris, cough and spasms; *Æsculus* hip., hæmorrhoids, etc. It has been verified by our school that these drugs given internally are really curative in the diseases for which they were applied externally, and I believe they are often efficacious when worn next the skin. It may be possible that the old physicians actually saw good effects from Burdock in uterine diseases when applied as above noted. Why reject such narrations? May not enough of the drug be absorbed to excite its specific curative action?—*Hahnemannian Monthly*.

## LITERATURE.

### THE DUTIES OF THE HOUR.<sup>1</sup>

THE International Hahnemannian Association is the Old Tory party in Homœopathy, and Dr. Pearson's presidential address is an able exposition and defence of their position. It is, as has been well stated, a return to the pure, inflexible, dogmatic Homœopathy of Hahnemann. We go a good way—but not all the way—with these gentlemen, and our sympathy with their cause is all the stronger because they tend to arrest the ruthless removal of our old homœopathic landmarks. If these old landmarks were shattered by some towering medical genius of the age, and better ones erected in their stead, then we would hail it as an advance; but most of the demolition work is done by poor duffers, who cannot rise above the carpenter-and-scavenger stage of medical philosophy, and who are dangerous only by reason of their

<sup>1</sup> The Duties of the Hour. An Address delivered before the International Hahnemannian Association at Indianapolis, June 13, 1882. By C. Pearson, M.D., President.

numbers. Nevertheless, we think the pure Hahnemannians would have done more for Homœopathy in the end had they remained within the existing societies, strenuously and persistently maintaining their ground, and acting as the leaven to the lump by seeking to instruct their doctrinally less pure brethren in the better way.

Of course, birds of a feather flock together, and a man who feels that thirtieths and two-hundredths are mighty weapons, at times far superior to lower dilutions, cannot feel happy in a society whereof the members ignorantly and insultingly proclaim the higher dilutions to be mere moonshine. Our individual standpoint is the *law of similars*, and all who hold to that *law* we consider to be true and genuine homœopaths, whether they believe in other matters or not. The Hahnemannians hold to that *law* firmly and fixedly, and hence we are proud to count them as brethren in the good cause. With their intolerance, however, we have scant sympathy.

### CAUSERIES CLINIQUES HOMŒOPATHIQUES.<sup>1</sup>

THE first volume of these *Talks by the Bedside* was published in 1868, and those who have read that will have a very fair idea of this. These two volumes of *Causeries Cliniques* are essentially clinical lectures, given in a rather free and easy style, but none the less valuable for that.

In the absence of adequate clinical teachings at the bedside itself, this kind of publication is of very great value, for we think an allopath could hardly read these two volumes without being satisfied of the enormous *portée* of the Homœopathic law, even if he were not convinced of its universal applicability, and hardly a single homœopathic practitioner but will learn much from their perusal.

Thus the testimony in favour of *Cantharis* as a remedy in pleurisy with effusion is overwhelming, and in relation to this we may remark that *Cantharis* seems to be very much more frequently used in France than elsewhere in the world. *Pleurisy* and *Cantharis* seem almost inseparable in French literature.

*Senega*, too, is a notable remedy with Dr. Gallavardin in pleuritic and other serous and purulent effusions. In the first volume the homœopathicity of *Colchicum Autumnale* to

<sup>1</sup> *Causeries Cliniques Homœopathiques*, par le Docteur Gallavardin, de Lyon. Tome Second. Paris : Librairie J. B. Baillière et fils, 1882.

glaucoma is well argued, as is also that of *Senega* to hypopyon.

Altogether the amount of high-class clinical knowledge that is contained in this important work is considerable, and we hope it will be very widely appreciated. But the thirteenth chapter of the second volume contains statements that are novel and extraordinary. The chapter is entitled "Comment le Traitement Homœopathique peut améliorer le Caractère de l'homme et développer son intelligence," that is, "How Homœopathic Treatment may ameliorate Man's Character and develop his Intelligence."

In a word, Dr. Gallavardin shows how many moral and intellectual defects of man may be ameliorated, cured, by appropriate treatment with homœopathic remedies. His cases in support of his proposition are so remarkable, that the author must expect to be laughed at for his trouble, inasmuch as he is too much ahead of his neighbours. We were already familiar with these cases, from reading them in a French medical journal some time since, and having a patient just then under treatment for various hallucinations we sent him to Dr. Gallavardin at Lyons. After a few weeks' treatment this patient was vastly improved in several respects, but not in all. We believe he is still under Dr. Gallavardin's care.

Dr. Gallavardin is the author of many works—about a dozen—the best-known of which is "*Les Paralysies Phosphoriques*," published eighteen years ago, and which is of permanent interest. He is an original thinker, and his style is so clear and simple that a fair book knowledge of French would amply suffice for understanding these charming *Causeries Cliniques*.

We trust our eminent colleague will continue to give us volume after volume of these *Causeries Cliniques*, for they must largely help in the spread and development of the scientific method in therapeutics, for which we are all labouring.

## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

## LETTER FROM THE EDITORS OF THE "BRITISH JOURNAL OF HOMŒOPATHY."

DEAR DR. BURNETT,—We humbly confess to having overlooked a printer's error at p. 277 of our July number, and allowed "mineralgie," a word invented by the compositor, to stand in place of "mineralised," which we had written. That it is a mere printer's error, and not due to any malignant attempt on our part to fasten on you the paternity of a "linguistic bastard," as you seem to suppose, is evident from this—that wherever else in our review the word is quoted, as at line 20 of the previous page, line 13, and line 22 of the same page, and line 16 of the next page, it is correctly given. With the alteration of this obvious printer's mistake, we abide by the sentence you quote. We do not claim any special acquaintance with Mr. Toots. Charles Dickens introduced him to the whole reading world many years ago.

We trust with you that "the *animus* pervading our entire article will be obvious to the most casual reader," that *animus* being a sincere desire to submit your views to an impartial examination, and to state what we hold to be the truth concerning them, with the utmost respect for and courtesy towards the author.

You are surely too old and experienced an author and editor to imagine that a reviewer who differs from an author must necessarily be actuated by an evil *animus*. We can sincerely say that towards yourself our feelings are of the most friendly character, but you cannot expect that friendship should make us consent to what our reason tells us are erroneous views on a scientific matter.

Yours faithfully,

The EDITORS OF THE *B. J. OF H.*

August 2nd, 1882.

[As matters stand thus, we have only to add our best thanks for the explanation offered. We venture, however, to submit that the *views* expressed by the Editors of the *British*

*Journal of Homœopathy* are not in accordance with the facts brought together by Dr. Burnett in "Supersalinity."—Ed. H. W.]

### MECHANICAL VIBRATION AS A THERAPEUTIC AGENT.

SIR,—Having just read in the last number of your journal *Mechanical Vibration as a Therapeutic Agent*, permit me to mention that vibration is one of the manipulations used in the movement cure, and that I have applied it for the last *thirty* years in paralysis and other complaints. It is probable that it has been used in Sweden for the last fifty years. In my "Handbook of the Movement Cure," published in 1859, several pages on the various applications of *vibration* can be found. Neither Dr. Bondet, of Paris, nor Dr. Mortimer Granville, of London, nor Dr. Taylor, of New York, have any claims as *inventors* of the application of vibration. Dr. Zanders, of Stockholm, has invented *machines* for vibration. Ling has the merit of having resuscitated the use of vibration for medical purposes.

Yours truly,  
M. ROTH.

Villa Beaujeu, Divonne, France,  
Aug. 15, 1882.

### DR. BRADSHAW ON PSEUDO-HOMŒOPATHIC TEACHINGS.

DEAR SIR,—Dr. Pope, in his address in this month's *Review*, makes some unfair remarks on the Hahnemannians. He believes they are only about "half a dozen" in number. He should be more brotherly towards them. Why condemn that small body of men, who are trying to carry out, to the best of their abilities, their great master's truths and injunctions as far as Therapeutics is concerned?

Dr. Pope should remember the old saying, "Those who play at bowls must expect rubbers." And he should state facts. For instance, I have to correct him, and say that no Hahnemannian objects to open an abscess *when necessary*, etc., etc.; but he cannot tolerate meddlesome surgery, which he often sees practised around him.

I felt, when I read Dr. Pope's paper, that he must have



been reading some Hahnemannian truths and facts, and so got "riled," and then added the "thirdly" to his paper. Certainly, he asserts a great truism about Homœopaths and Hahnemannians (I know perfectly well that he could never belong to the latter), for truly we are one body, but, alas! east and west in our ideas about Therapeutics. How can it be different with our present Homœopaths, a compound of eclecticism, allopathy, and Homœopathy, each mixed together? And out of this come many of our men! I fear our school will produce this sort of chaos, and the gist of my letter is to protest against this teaching, and to express *my regret that I ever gave my support to the School.*

One word, also, on our Hospital. I read with pain accounts of some clinical cases therein treated avowedly Homœopathically. I thought such was very bad allopathic treatment, but really it seems neither the one nor the other.

What can one understand from these pseudo-homœopathic teachings? I make out something like this: Do evil that good may come; or, in other words, the School may teach the true and false together, Homœopathy and Allopathy. But out of this what sort of men shall we get? I fear no improvement on the old lines—perhaps scientific medicoes? I wish one of our young Homœopaths would "waste his time," and let me hear about "Hahnemann's false theories and speculations." I should like to be enlightened, for I am a devoted believer in my old master's Therapeutics. Many are called to the truth, but few follow it.

"Modern Homœopaths owe it to the profession?" to give an account of themselves!! I should simply reply to such a query—that I call myself a Hahnemannian, and hope to die one.

Yours very truly,

Worthing, August, 1882.

WM. BRADSHAW.

## THE CASE OF PEMPHIGUS IN THE LONDON HOSPITAL.

*To the Editor of the "Daily Post."*

SIR,—A few days ago you made some remarks in reference to a case of pemphigus treated by Mr. Hutchinson at the London Hospital. I was glad to see that this gentleman was not so blameworthy as at first sight appeared. On broad prin-

ciples, however, I thoroughly endorse your condemnation. A man has no right to temporise with his patient, but is bound to relieve his suffering at once if he be able, and Mr. Hutchinson's assurance that there is "no natural tendency to amelioration in pemphigus" should have been quite sufficient for his pupils without the necessity of delay to prove it. It is, however, with the latter part of your editorial that I wish to deal, and I do so on the principle of "honour to whom honour is due." It is claimed by or on behalf of Mr. Hutchinson that he is the discoverer of the arsenical treatment of pemphigus. Now this is not correct. The treatment has been borrowed from Homœopathy, under which system it has been used for years. In the first place, the provings of arsenic on the healthy body show that this drug causes an eruption similar to pemphigus, and to a homœopathic practitioner this at once points out arsenic as a remedy for pemphigus. Again, Dr. Hughes, in his "Manual of Therapeutics," published in 1869, says: "In chronic pemphigus there is such a body of evidence in favour of arsenic being specific that it would seem loss of time to give any other remedy," and Dr. Hughes is one of our foremost homœopathic practitioners.

Here we have an endorsement of the golden rule, *Similia similibus curantur*, a rule well known to Mr. Hutchinson, as witness the statement in the *Lancet* respecting chlorate of potash, as follows: "Mr. Hutchinson has lately drawn our attention to some interesting cases illustrative of the power of chlorate of potash to produce a form of *stomatitis*, exactly resembling one over which it possesses specific curative power." In homœopathic treatment chlorate of potash has long been the trusted remedy for *stomatitis*. Mr. Hutchinson is not the only man who, posing as an allopath, does not consider it beneath his dignity to take valuable hints from Homœopathy without acknowledging the source of his inspiration. As an illustration of this fact, let me draw attention to a letter in the *Lancet* of the 14th inst., from a practitioner, who states that in a case of acute laryngitis (one of the most dangerous diseases with which we have to contend) after trying various remedies (allopathic of course) without any benefit to his patient, who was nearly suffocated, he gave her (a lady thirty-two years of age) half-drop doses of the tincture of aconite, with speedy relief and cure. Why, sir, this is the very first remedy a homœopath would administer, because he knows that aconite will produce just

such a state, and consequently will cure a similar one. But there is no record of the fact in the letter that this is the recognised homœopathic treatment, and has been so for years. One has only to turn to Sir Thomas Watson's lectures to find how sneeringly the *Belladonna* treatment of scarlet fever is spoken of, as well as the small dose necessary, but here again the allopath is following suit, for some few months ago the *Lancet* tells us how wonderfully quarter-drop doses of *Belladonna* act in scarlet fever, almost doing away with the sore throat, changing the character of the desquamation, and preventing any *sequelæ*. Straws show the way the wind blows, and it is well for the public to know that after all the allopaths are beginning to recognise the truth of our system, not even excepting the small doses. When the public receive such valuable treatment as is indicated above they should at least know to whom they are indebted.—Yours, etc.,

M.R.C.S. Eng., Etc.

Birkenhead, Jan. 27, 1882.

## REPORTS OF INSTITUTIONS.

### REPORT OF THE DEVON AND CORNWALL HOMŒOPATHIC DISPENSARY.

THE Committee of the Devon and Cornwall Homœopathic Dispensary have much pleasure in announcing to their subscribers that since the last annual meeting they have succeeded in obtaining, in Princess Street, premises on the ground floor, for the Dispensary work, which they believe to be in every respect suitable. The premises are held on a lease for five years, and considerable expense has necessarily been incurred in new fittings, etc. Ten pounds have been kindly given towards this object from a fund at the disposal of a family who have long been interested in the work, but of course that amount does not meet the whole cost, and the Committee would be glad to receive further special donations. It will also be understood that with the outlay attendant on more commodious rooms, the permanent annual expenditure (which has hitherto somewhat exceeded the income) will be increased, and further subscriptions are therefore urgently needed. The Committee think it right to explain that the balance in hand, shown in the treasurer's reports for the last

two years, was the sum that accumulated during the time when they had no stipendiary medical officer.

Although the year just closed has been exceptionally healthy, the work of the Dispensary has been well sustained; over 1,200 patients having been under care during the past twelve months. The numbers attended at their own homes have been in excess of those for any previous year. This fact is very gratifying, as a proof that the poor appreciate the benefits to be obtained at this institution. It will give the subscribers a better idea of the work done by their medical staff, if the Committee mention that the public dispensaries in towns in Devon and Cornwall, with a population of from 20,000 to 30,000, do not treat more patients in the course of a year than this one.

The Committee continue to be fully sensible of the important services rendered by their medical officer, Dr. Cash Reed, and heartily thank Dr. Neild, who has given much valuable time and attention to the Dispensary, and who has for some months past attended, and is still attending, at the rooms twice a week.

The Committee feel assured that in the new premises, and with their present medical staff, the institution will continue to prosper, and to benefit those for whose relief it was established.

### *Medical Report.*

Number of patients remaining on the books, December					
31st, 1880	...	...	...	...	59
Admitted and re-admitted from January 1st, 1881, to					
December 31st, 1881	...	...	...	...	1,196
					<hr/> 1,255
Of these were cured or relieved					
	...	...	...	...	1,043
„ no report	...	...	...	...	61
„ not relieved	...	...	...	...	42
„ died	...	...	...	...	19
„ under care, December 31st, 1881	...	...	...	...	90
					<hr/> 1,255

Of the above 1,255, 263 who were too ill to attend personally were attended at their own homes, and 1,450 visits were paid them.

In reviewing the work of the Dispensary during the past year, we note as specially satisfactory the move to more commodious premises.

Those which we now occupy leave little to be desired, so far as space and situation are concerned, though we could wish that we were able to make some additional arrange-

ments which would add greatly to the comfort of our patients. These we hope that the Committee will be able to make for us before long.

The wish expressed in our last report for more suitable premises has thus been realised, and we trust that the work that we shall be able to do in them will, at no distant date, render the establishment of a Cottage Hospital an imperative necessity.

Our out-patient practice has been steadily on the increase, which fact is in itself sufficient guarantee that the poor of Plymouth appreciate the advice and relief which they receive in connection with the Dispensary.

We desire to record, with satisfaction, the assistance which we have received from the nurse, who is now working under the auspices of a Ladies' Association. In common with the medical staff of the other dispensary, we have been applied to to provide work for the nurse; this we have gladly done, and we may add that she has often aided us materially by carrying out, at the homes of the patients, such instructions as have been given.

We may call attention to the fact mentioned in our last report, that any lady desiring it may be supplied with the names of suitable cases for visiting, by applying to Mr. Foster. Several minor operations have been performed with satisfactory results, and splints, trusses, and a water-bed have been supplied in cases of need.

FREDERIC NEILD, M.D., Hon. Physician.  
WILLIAM CASH REED, M.D., Medical Officer.

After this very satisfactory report had been received,

The Rev. Mr. Chapman moved a vote of thanks to the Mayor. They knew that Homœopathy would, and must, grow in the future. It had grown indirectly in influencing those who differed from them at present; it would grow more and more in the form of being admitted and recognised by a much larger number of persons than now. No one could have listened to the report without feeling very thankful at the fact that, although so small an amount of money was received, so much relief was afforded the poor. No statement in the form of words could convey a correct idea of the value of the work given to the poor. Only those who had the opportunities could properly understand the results. The services of the nurse were of great value indeed. He hoped their efforts would end in a Homœopathic Hospital being

established, and he hoped they would not rest until that end had been attained. He commented encouragingly on the receipt of £5 2s. as patients' pence for attendance—it was the testimony of the appreciation of the poor. The number of patients, the quietude in which the work had been done, and the small amount of money that had been spent were remarkable. He anticipated in the future a more prominent position for the Dispensary of Plymouth. Dr. Neild seconded, and the motion was cordially adopted.

## NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

WE have received the twenty-third *Annual Announcement* of this splendid institution.

Professor Dowling has retired from the deanship, and carries with him in his retirement the love and respect of all his colleagues. He is succeeded by Professor T. F. Allen, the indefatigable editor of the *Encyclopædia* bearing his name. It must be admitted that the New York Homœopathic College is very fortunate in the choice of its deans, which is very important, for the dean of faculty can do much to make a college a grand educational and honour-dispensing centre, or let it dwindle into a mere diploma-shop. Dr. T. F. Allen follows Carroll Dunham and Dr. Dowling, and we are quite sure he will not let the College lose any of its lustre.

We regard the various Homœopathic Colleges of America as our *greatest* hope for the future, as they have been our *greatest* help in the past, notwithstanding all that has been said against them.

The faculty of the *New York Homœopathic College* is equal to that of a good European University, and a man may there obtain a first-class medical education, crowned with homœopathic therapeutics. The degree granted is that of M.D., and the course three years. Those who wish for further information should address the dean, T. F. Allen, Esq., M.D., 10, East Thirty-sixth Street, New York.

## WITH THE SCALPEL.

"*Ubi sedes vitæ?*"

(By H. SAVILE CLARKE in *The Burlington*.)

HERE's our "subject"—tall and strong,

With vermilion well injected;

Where the blood coursed along,

Ready now to be dissected.

Some one never claimed, it seems,  
Friendless amid London's Babel :  
Did he ever in his dreams  
See this table ?

Here's a hand that once held fast  
All things pleasant, to its liking ;  
Now its active days are past,  
Or for friendship or for striking.  
Nothing colder here could lie,  
Yet on some one's palm there lingers  
Sense of its warm touch, while I  
Strip the fingers.

How the dead eyes strangely stare  
When I lift the lids above them !  
Yet some woman lives I swear,  
Who too well had learnt to love them ;  
Some one since their final sleep  
Holds their smiles in recollection,  
While I put them by to keep  
For dissection.

Then the heart. I take it out,  
Handling it with no compunction ;  
Once it wildly pulsed no doubt,  
Well performed each wondrous function.  
Sped the life-blood on its race  
In miraculous gyration,  
Felt, responsive to one face,  
Palpitation.

Where was Life then ?—was it hid  
In each curious convolution,  
Packed beneath the cranium lid  
With such order'd distribution ?  
Can we touch one spot and say,  
Here all thought and feeling enter'd,  
Here—'twas but the other day—  
Life was centred ?

No, that puzzle still remains,  
One unsolved supreme attraction ;  
Here are muscles, nerves, and veins—  
Where was that which gave them action ?  
Though the scalpel's edge be keen,  
Comes no answer from the tissues,  
Telling us where life has been—  
Whence it issues.

We can bid the heart be still,  
Stop the life-blood's circulation ;  
Paralyse the sovereign will,  
Through the centres of sensation.  
When the clay lies at your feet,  
We can light no life within it,  
Cannot make the dead heart beat  
For one minute.

Yet this thought remains with him,  
Dead he is to outward seeming,  
Still the eyes, so glazed and dim,  
See what lies beyond our dreaming ;

Know the secrets of the spheres,  
Truth of doom, or bliss supernal,  
Read the riddle of the years—  
Life eternal!

So we'll leave him, ready now  
For to-morrow morning's lecture;  
Little reck's that placid brow  
Of our wayward wild conjecture.  
It may be our fate to die  
All unwept and miss'd by no men:  
As he lies there, we may lie,  
*Absit omen.*

### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

MR. D'COSTA, INDIA.—We do not prescribe, but we think a persistent *course* of homœopathic treatment, extending over about eighteen months, would result in a cure. There are good homœopathic practitioners in your own city.

#### CORRESPONDENTS.

Communications received from Dr. Thomas, Llandudno; Dr. Hastings, Ryde, Isle of Wight; Dr. Percy Wilde, Ipswich; Dr. Shuldham, London; Dr. Ussher, Wands-

worth; Miss Yates, Bread Reform League, London; Dr. Kranz, Wiesbaden; Mr. George Bullock, Liverpool; Dr. Gallavardin, Lyons, France; Dr. Pope, London; Dr. John H. Clarke, South Kensington; Messrs. Armbrecht, Nelson, and Co., London; Messrs. Gould and Son, London; Dr. Fischer, Sydney, Australia.

#### BOOKS AND JOURNALS RECEIVED.

El Criterio Médico. Tomo. XXIII. Nums. 11 y 12.

The Salvation Army Tested by their Works, by John Price, Esq., M.A. Chester: Minshull and Hughes. 1882.

Voyage Médicale en Allemagne, par le Docteur Gallavardin. Paris: J. B. Baillière et Fils.

Causeries Cliniques Homœopathiques, par le Docteur Gallavardin. Paris: J. B. Baillière et Fils.

L'Enseignement Clinique en Allemagne Projet de Réforme pour l'Enseignement Clinique en France, par le Docteur Gallavardin. Lyon: Savy.



Les Paralyses Phosphoriques, par le Docteur Galavardin. Paris: J. B. Bailière. 1865.

The Indian Homœopathic Review, June, 1882.

Journal of Medicine and Dosimetric Therapeutics, Aug., 1882.

Chemist and Druggist, July and August, 1882.

The Weekly Medical Counselor, June 21.

Medical Advance, No. 108.

Revue Homœopathique Belge, No. 3.

Dublin Journal of Medical Science, July, 1882.

Twenty-third Annual Announcement of the New York Homœopathic Medical College.

The Medical Call, No. 3.

Gastein: Erfahrungen und Studien von Dr. Gustav. Pröll, Wien, 1881.

Gastein: its Springs and Climate, by Dr. Proell (two copies).

Receuil d'Ophthalmologie, No. 7, Juillet, 1882.

New England Medical Gazette, No. 7.

Allgemeine Homœopathische Zeitung. Bd. 105, Nos. 3, 4, 5, 6.

The Medical Tribune, No. 7.  
The Dietetic Reformer, Aug., 1882.

Monthly Homœopathic Review, August, 1882.

American Observer, Vol. IX., No. 5.

The Medical Counselor, July 15.

Archivos de la Medicina Homeopatica, Nos. 13 y 14.

The St. Louis Clinical Review, July, 1882.

Boletin Clinico del Instituto

Homeopático de Madrid, Ano II., Num. 7.

The Hahnemannian Monthly, August, 1882.

Wheat Meal Bread, by M. Yates.

The Eastern Question: its only True Solution, by George Bullock. Manchester: Tubbs and Co. 1882.

New York Medical Times, August, 1882.

Bibliothèque Homœopathique. No. 11 (Août).

The Duties of the Hour, by C. Pearson, M.D. Philadelphia, 1882.

## The Homœopathic World.

### CONTENTS OF AUGUST NUMBER.

#### LEADING AND GENERAL ARTICLES:—

Can we Give up the Name?

This Year's Homœopathic Congress.

Great Gathering of Homœopathic Practitioners in America—Meeting of the Institute.

Effect of an Overdose of Podophyllin.

Case of Polypus of the Ear Cured by Medicine.

Mechanical Vibration as a Therapeutic Agent.

Pharmacological Fragments: *Aralia Racemosa*—its Cough. *Cactus Grandiflorus* in Heart Disease.

Dyspnoea on Falling Asleep.

*Mercurius* in Diabetes Mellitus.

Meeting of the American Homœopathic Ophthalmological and Otolological Society.

Homœopathy to the Fore in India.

Notices of New Inventions.

#### OBITUARY:—

John F. Gray, M.D., LL.D.

#### LITERATURE:—

Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure.

Traité du Nettoyement des Voies Digestives et du Lavage de l'Estomac.

#### CORRESPONDENCE:—

The Treatment of Diphtheria.

An Autograph Letter of Hahnemann.

Spurious Iris Versicolor.

Dr. Ker on the Propagation of Homœopathy.

The "Critical Condition of Homœopathy!!!"

Letter from Dr. Burnett to the Editors of the "British Journal of Homœopathy."

The Cause of Tuberculosis.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

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OCTOBER 2, 1882.

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## THE CONGRESS IN EDINBURGH.

THE Homœopathic Medical Congress met in Edinburgh on Thursday, the 7th of September, at the Windsor Hotel, Princes Street, it being just thirty years since a similar meeting was held in the Northern metropolis. But few present on that occasion attended this year's gathering.

The attendance was by no means so numerous as it usually is when some central point is selected, still between visitors and members the room was fairly filled.

The proceedings were opened by an address from the president, Dr. Drury, which lasted about one hour.

A vote of thanks was proposed by Dr. Moore, who considered the address admirably adapted for general circulation, as from the manner in which the principal subject was handled, and the variety of matter touched upon, it was just such a paper as would excite the interest of its readers. The vote of thanks was seconded by Dr. Bryce, the vice-president, and carried unanimously.

The President expressed his gratification at the favourable reception his paper had met with. He had some fears about it, but remembering what a lawyer had once said to him, that a clergyman had a great advantage, as there was no power of reply, he felt that for once at least he would hold this envied position, as the president's address was not open to discussion.

It was proposed that members attending the Congress should pay a subscription of 14s., instead of 10s. 6d., to meet the expenses incurred by the secretaries.

Dr. Blackley then read his paper, which, like all his papers, was carefully prepared, and raised points of considerable interest. It was followed by some remarks by the president, Dr. Butcher, and others. After a reply by Dr. Blackley, there was an adjournment at one o'clock for an hour, the members of the Congress being hospitably enter-

tained at lunch at the houses of Dr. Bryce and Dr. Wolston. On reassembling it was proposed that the report of the Hahnemann Publishing Society be taken next in order.

Dr. Hayward then read his annual statement as to the position of the society and the work they had in hand. Having spoken of the comprehensive "*Materia Medica*," adapted for the use of homœopathic as well as allopathic practitioners, he invited an expression of opinion as to the plan of the work.

Dr. Moore proposed, and Dr. Nankivell seconded, "That the plan of a scheme should be replaced by a full index."

Dr. Dyce Brown moved as an amendment, and Dr. Hayward seconded, "That the scheme be given as proposed."

The votes being even, the President gave a casting vote in favour of the amendment.

It was decided that the character of the work be fully shown by the name of the Hahnemann Publishing Society appearing on the title-page. It was suggested that it was due to the memory of Hahnemann that an historical preface be added; this latter, as well as the title of the work, was left to the Hahnemann Publishing Society to deal with.

It was thought desirable that before the reading of the remaining papers, the place of next year's meeting should be decided on, and the election of office-bearers proceeded with. Bournemouth, Birmingham, and Matlock Bath had each a fair number of supporters, but finally the choice fell on Matlock Bath.

The election of President was then proceeded with, the vote falling on Dr. Blackley, of Manchester. Dr. Blackley, in returning thanks for the honour conferred upon him, said that, being engaged on some scientific researches that required all the spare time at his command, he regretted that he could not at present undertake the work that accepting office would involve. Dr. Moore, of Liverpool, was then elected president for the ensuing year by a large majority, Dr. Hayward being elected vice-president.

The other office-bearers were re-elected.

Dr. Wolston then read a very interesting case of acute nephritis, presenting features similar to what are met with in cases where some scarlet fever symptoms had existed, but which could not be in any way traced in this case.

This was followed by suggestions by various members as to the nature of the case and remedies applicable. Dr. Hayward, whose valuable observations on snake poisons are

well known, having suggested *Crotalus* as a remedy very applicable, much amusement was created by Dr. Wolston, in reply, addressing him by mistake as Dr. Crotalus.

Mr. Deane Butcher then followed with an interesting paper on the "Periodicity of Certain Diseases, and their Homœopathic Remedies," presenting at the same time a carefully-prepared section of the symptomatology of a remedy as to the time at which certain medicines showed their action most markedly. This was prepared by a medical friend in India, and will be published.

As the meeting had been a good deal prolonged, there was no time for discussing the points raised in the paper.

Professor Ludlam, of Boston, and Professor Biggar, of Chicago, attended the Congress and took an active part in the proceedings of the day, expressing the great pleasure they felt in having had the opportunity of being present.

At six o'clock about forty-two sat down to dinner in the Windsor Hotel, grace being said by the Rev. Robert Gordon, of Free Buccleuch Church. The usual loyal toasts followed, also the memory of Hahnemann, proposed by the President. Other toasts followed, including the health of the two friends, or brothers, as the President called them, from the great American Republic.

After a very pleasant evening the members dispersed, some returning to London by the night train, others remaining to see some of the beauties of the grand old city and the land of the mountain and of the flood.

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## THE LONDON SCHOOL OF HOMŒOPATHY.

THE Medical Session 1882-3 opens to-day. At some of the old hospitals freshmen and old students will be welcomed by an address to the work of studying the details of that profession the practice of which is to form the occupation of their lives. At others a dinner, at others a conversazione, will form the opening ceremony of the session. However abundant the lectures at each of their schools, whatever may be the degree of completeness each attains in the opportunities for studying the science and art of medicine and surgery, one all-important branch of medical study will, we may be sure, be rigidly omitted. The very existence of the homœopathic method of therapeutics is ignored at each of these hospital medical schools; and yet,

without a knowledge of Homœopathy, a medical man goes forth to do battle with disease but imperfectly—viz., imperfectly armed for the encounter. His knowledge of therapeutic principles is inadequate, his acquaintance with the actions and uses of drugs insufficient to meet the daily exigencies of medical practice.

To supply this defect in the medical education of the physicians and surgeons of the future, the LONDON SCHOOL OF HOMŒOPATHY has been founded. The best and most experienced men that could be obtained for the purpose have been appointed to teach the principles of therapeutics from the homœopathic standpoint, to explain the physiological action of drugs, and to point out their applications as remedies.

It is true that the School, as at present constituted, offers no further inducement to the student or practitioner to attend it than the attainment of additional knowledge, the acquisition of a greater facility in the handling of drugs, and the sure prospect of imparting information which will add largely to his success in the treatment of disease. We have frequently in this journal expressed the desire that the work of the student attending the School could be crowned by the tangible evidence a diploma affords of his having performed such work well. A year ago we hoped that such a diploma would have been within the reach of the diligent student. This hope has, however, been dashed to pieces by reckless bad management, and at present, at any rate, the good work done by the lecturers must suffice to draw students to the class-room. That this work has been good, that it has been found advantageous, is the testimony we have received on all sides from those who tested it by attendance at the School.

We therefore take this opportunity of urging all medical students of the fourth year, and all practitioners of medicine who can devote an hour or two twice a week to study the therapeutics of Homœopathy, to avail themselves of the advantages for doing so presented by the School.

Were medical men only partially alive to the immense increase of therapeutic power they would derive from a knowledge of how to treat disease homœopathically, there would, we are sure, be no lack of students at our school.

We appeal to all parents having sons studying at the hospitals to urge the attendance of those for the completeness of whose medical education they are responsible, upon them. There is now, happily, no fear that a knowledge of

Homœopathy will interfere with a candidate passing his examination. The professional *opprobrium* of practising homœopathically is rapidly dying out. The want of homœopathic practitioners in all large centres of population is being increasingly felt. No reason, in short, having the slightest weight, can be adduced for not studying Homœopathy, while the advantages of doing so are numerous.

We trust then that every effort will be made by all who know that Homœopathy is true, to induce some medical student or medical practitioner to attend the lectures of Dr. DYCE BROWN and Dr. POPE during the ensuing session.

The session will be opened on Tuesday, the 3rd instant, by the delivery by Dr. DUDGEON of *The Hahnemann Lecture*. Dr. DUDGEON has taken for his subject, *HAHNEMANN as the Founder of Scientific Therapeutics*. It is one of deep interest and of real importance; one, moreover, which no man amongst us is better qualified by learning and experience to treat in an able and satisfactory manner than is Dr. DUDGEON.

On Thursday, the 5th instant, Dr. POPE will commence his course of lectures on *Materia Medica* by one giving *A Definition of Homœopathy*, and at the same time describing the manner in which the homœopathic materia medica ought to be studied.

On Friday, Dr. DYCE BROWN will open his course of lectures on the *Practice of Medicine*, by one showing how Homœopathy is applied in everyday practice.

Thereafter, every Monday and Thursday during the session, Dr. POPE will explain the action and uses of the most important of our medicines; and every Tuesday and Friday, Dr. DYCE BROWN will lecture on the application of remedies in special forms of disease.

In each instance the lectures will commence at five o'clock.

We trust that the zeal and industry of the lecturers—for be it remembered, preparing and delivering a course of forty-five lectures represents a large amount of hard work and the sacrifice of time which might be much more profitably spent by the individual lecturer,—we trust that this zeal and labour in the course of progressive therapeutics will be rewarded by a large attendance. Let the practitioners and friends of Homœopathy see that it is so. They can do it if they will.

THE SEARCH AFTER TRUTH.<sup>1</sup>

By WILLIAM V. DEBURY, M.D., M.R.I.A., President of the British  
Homœopathic Society.

GENTLEMEN,—It is my pleasant duty, on taking the chair at this Congress, to return my warm thanks for the honour you conferred upon me last year in electing me your President during my absence in Orkney, an absence that deprived me of the pleasure of being present at the great International Congress, held last year in London under the able presidency of Dr. Richard Hughes.

My election during my absence, as well as the fact that Edinburgh has been selected as our place of meeting, makes the honour doubly gratifying.

There are, however, few pleasures in this life without some alloy, and if from former associations it is pleasant to meet in Edinburgh, yet the remembrance that many old friends, whose memory we cherish, have passed from amongst us, causes pain.

Some of you gentlemen may be visiting this grand old city for the first time; if so it will require much allegiance to the cause that brings us together to secure your attendance here, for you are on classic ground, every spot marked by some event in history, the very houses made famous by the names of their former occupants.

The papers, however, that are to be read, and the names of those gentlemen that are to read them, will serve as a counter attraction, and let me hope that after to-day's business is ended you will not grudge yourselves a fair amount of time to see something of Edinburgh, and whether your taste lies in the direction of historical events or of natural beauty, they will be equally gratified. I know no city to compare with it.

I am not a stranger. I have lived in Edinburgh, and some of my forebears (to use a Scottish word) have played their part here. But I must not talk of ancestors, or you will remind me of the saying—"When a man talks much of his ancestors, he reminds me of a potato, or some such root, the best part of him is underground."

Coming down to days that some of us can recollect, I can remember that here I made the acquaintance of Dr. Fearon, Dr. Rutherford Russell, and Dr. Black, the two first, alas!

<sup>1</sup> Being the Presidential Address delivered at the British Homœopathic Congress, held in Edinburgh, September 7th, 1882.

long since passed away, the last happily still amongst us, labouring as steadily and usefully as he did forty years ago, to spread abroad the truths of Homœopathy which he had learned. You know what he is as a veteran; the same fire burned as brightly in the young graduate, when I heard him expounding the principles of Hahnemann's teaching in one of our medical societies to a sceptical though not inattentive audience.

I can well remember the generous ardour with which those early friends pressed home their opinions, endeavouring to awaken in their fellow-students a belief in those doctrines that they themselves had accepted. It was the integrity, honesty of purpose, and thorough reliance in their system, that led me to treat their opinions with respect, though it was not till some years later that, like Atken, Henderson, Ransford, and others, I came to share their convictions.

There is no doubt that at this period a revolution was commencing in the practice of medicine, due to Homœopathy, hardly recognised then, and not fully admitted now. Men learned to give smaller doses, and that the lancet might be dispensed with.

After a time it was said that the human constitution had undergone a change. Sydenham had taught the possibility of this, or something akin to it, but there is no doubt that it was seeing cures effected by Homœopathy that led men to modify their own doses. Like others, I learned to do with smaller doses than I had been taught to give, and the last patients I remember bleeding were two of Professor Henderson's that one of his clinical clerks asked me to bleed for him. Marshall Hall helped to put bleeding out of fashion by his teaching.

The only positive homœopathic practice that I then adopted was the giving *Belladonna* as a prophylactic; the mode of administering this I learned from an allopathic practice of medicine. Lecturing on *Materia Medica* in one of the Dublin schools of medicine, I am unaware that my teaching was further influenced by what I had seen, but I had a very strong suspicion that Homœopathy was the law that ruled the action of specifics. At a discussion in one of the Edinburgh Medical Societies, I had said that if those gentlemen who were advocating this new system merely claimed for it that specific medicines (medicines reputed as cures for special diseases, as *bark* for ague) acted in this way, they would have less difficulty in



propagating their opinions. Had I myself followed up this opinion to its legitimate conclusion, or had I been fortunate enough to have seen some acute cases treated at the Edinburgh Homœopathic Dispensary, I might have adopted the teaching of Hahnemann earlier. In later years I learned more of the true action of a specific, and that the medicine that cured a disease having a name by which it was recognised, might signally fail at another time in the same complaint, simply because it did not fairly meet the existing symptoms; thus, in this disease, ague or intermittent fever, we may have to deal with chill, heat, perspiration, thirst, and other symptoms. The order in which these symptoms come, the predominance of one, and indeed the whole group as it presents itself to our notice, must regulate our choice of a medicine, and not the name of a disease.

I need not tell this to you, gentlemen, but on an occasion of this kind, as others may wish to know what we do believe, it is necessary to state some familiar facts plainly. This must be my apology now, and throughout this address, when I thus briefly touch on elementary truths.

The want of a hospital was a great hindrance to the early teachers of Homœopathy in Edinburgh. The same want was felt later in London, and led to the establishment of the London Homœopathic Hospital. Nearly two hundred years ago a somewhat similar want led to what may be considered as the real foundation of the famous school of medicine that has now so long flourished in Edinburgh.

Padua, Pisa, Leyden, Rome had each attracted students from other countries, as, owing to imperfect teaching at home, men desirous of studying medicine had to go long distances to enable them to do so. If inconvenient, this had its advantages, as ideas became enlarged and learned men met each other and were enabled to make known their ideas in a way they could not otherwise do, as thought could not be interchanged in those days as it is now.

In 1694 the celebrated Dr. Pitcairn sought to obtain from the Town Council of Edinburgh permission to open the bodies of those who died in *Paul's Work*, and had none to bury them. He complained of the difficulties he had to encounter, and says, "There is great opposition by the chief surgeons, who neither eat hay nor suffer the oxen to eat it. I do propose, if this be granted, to make better improvements in anatomy than have been made in Leyden

these thirty years, for I think most or all anatomists have neglected or not known what was most useful for a physician." Pitcairn may have found some difficulty in carrying out this work himself, for we find him connecting himself with Mr. Alexander Menteith, a member of the Corporation of Surgeons, for, as a physician, there may have been some professional obstacles that he could not overcome. Mr. Menteith received permission to carry on his dissections for thirteen years, one of the conditions being that he was to attend the whole town's poor *gratis*, and to supply them with medicines at cost price. The liberality of Boards, in the matter of paying their medical officers, seems to have been made much on the same scale as in the present day.

The following advertisement from the *Edinburgh Gazette* of May 18, 1699, is of interest:—"Upon Monday, the first of June next, at the laboratory in the Chirurgeon Apothecaries' Hall, there will begin a course of *Chymie* in which all the useful operations and preparations will be performed. The course will continue six weeks, and will be concluded with a short description of the whole *Materia Medica* by Alexander Menteith, Chirurgeon Apothecary in Edinburgh." Fancy our friends Dr. Hughes, Dr. Pope, or Dr. Dyce Brown in their lectures compressing Allen's ten volumes into a six weeks' course.

Some of the surgeons of the town were stimulated into action, and they applied for the bodies of still-born children, suicides, and criminals, for the purpose of dissection. Their request was granted on the condition that before Michaelmas, 1697, they should have ready an anatomical theatre, where they shall once a year (a subject offering) have a public anatomical dissection, as much as can be shown upon one body. "And if they fail, then these presents to be null and void."

Steps were taken to secure the community from infection. The gross intestines were to be buried within forty-eight hours, and the whole body in ten days.

Mr. Menteith's original plan not succeeding, owing probably to the advantages gained by the corporation, he was given four hundred pounds Scots (about £33 6s. 8d., a pound Scots being equal to 1s. 8d.) as a remuneration.

It was not until 1705 that the want of one recognised teacher was sufficiently felt as to lead to the induction of Mr. Robert Elliot as the first Professor of Anatomy in the University of Edinburgh. On his death, in 1714, he was

succeeded by Mr. Adam Drummond, who had associated with him Mr. John Macgill. This Mr. Macgill operated successfully for aneurism in the arm. The operation was witnessed and commended by a young surgeon who had had the best medical training available in those days, and who later on succeeded to the professorship. This was the first Munro. Interesting as it may be, I cannot follow in detail the growth of the Edinburgh School, but briefly lead up to what has a bearing on the subject in which this Congress is most interested.

The first name in this University that concerns us is that of William Cullen. Not that this great medical luminary knew anything of the law of Homœopathy, but that, standing at the head of his profession as a teacher, his works attracted the attention of Samuel Hahnemann. Cullen collected facts, reduced them to order, and elaborated a system of classification that has greatly advanced the study of medicine, though increased knowledge of disease has called for changes in it. Hahnemann went a step further. He tried to find out the cause of some of the things that Cullen narrated, and so was led to the discovery of a great truth, of which I shall have to speak again.

Black succeeded his master Cullen in the chair of chemistry in Edinburgh, and by his researches on heat added to the fame of the University. Others followed, the first men of the day being attracted to the celebrated school; but Scotland needed no foreign aid—her own sons were sufficient to sustain the reputation of this great seat of learning. I must not speak of the classical, theological, and other teachers, who were not behind their medical colleagues; but amongst these last the names of Gregory, and his famous nephew and son-in-law, Alison, Bell, Syme, Henderson, Simpson, and Christison, are not forgotten. The last, who as a young man made a European reputation by his great work on poisons, and in his "Dispensatory" left a model that it would be well for all writers on *Materia Medica* to copy, has but departed from amongst us, as it were, yesterday. Having been his clinical clerk and laboratory assistant, I was gratified a few years ago at seeing my old master enter the graduation hall. Round after round of applause showed how dear the old man was to his former pupils, and that the younger ones were well aware of how great a man they had still among them.

Time warns me that I must pass on at once to the

subject I have selected for my address, "The Search after Truth."

Eighteen hundred years ago, Pilate, the Roman governor of Judæa, asked of One who could have answered him as none other could, "What is truth?" The not waiting for an answer showed what an unreal thing he thought truth was. And yet it is what the wisest and best have craved for. Theologians and men of science in their various departments have striven to detect it. Thousands have perished in pursuit of it, and thousands have perished for it. The man of science has often in penury and solitude spent long years in searching for it. It has cheered the death-bed of many a dying Christian, who, with the eagle eye of faith, looked upwards to catch a glimpse of that inheritance of which he knew he was the heir. It is the craving of every earnest-hearted man. And "The land of the leal" has become a household word throughout our land since it has been familiarised to us in the words of one of Scotland's sweet songstresses—the Baroness Nairn—

"There's nae sorrow there, John,  
There's neither cauld nor care, John,  
The day is aye fair  
In the land o' the leal."

More is needed than desire to grasp, and earnest labour to acquire truth. Many in the search have fallen into the greatest error. It is well ever to bear this in mind, and to remember how easily we may be diverted out of the right path. A truth may be misapplied, and I think it can be easily shown that there are few great errors that are not based on some truth. It may happen that but a modicum of truth serves as a basis on which a huge superstructure of error may be erected; the very presence of a little truth serving as the bait to lure some from the right road.

The very zeal with which a truth is sought becomes a danger, as what is longed for, or expected, is often accepted as a reality on the most slender evidence. Medical men are very apt to go astray, and I believe those who seek to learn the action of medicines by noticing the symptoms they produce when taken by persons in health are no exception. I was much struck by hearing Mr. John Wood say to the students at King's College Hospital, when speaking of an apparent surgical success, "But, gentlemen, one or two cases prove nothing." Caution of this kind goes a long way in

preventing error. Some years ago *Sarracenea purpurea* was spoken of as a wonderful remedy for small-pox. Mr. Marson, of the Small-pox Hospital, submitted the medicine to a rigid test. He selected cases, as they presented themselves, that seemed likely in the ordinary course of events to die, some thirty-six in all; in no single case did the medicine appear to check the fatal result. He concluded, and I think fairly, that if the medicine had any of the virtues ascribed to it, it ought to have been of use in some one of these cases.

To look in another direction, what shipwreck some have made of the study of prophecy by arriving at unwarranted conclusions on a very small amount of what looked like evidence.

Madame de Stael said she did not believe in ghosts, but that she was very much afraid of them. I should think a very trifling circumstance would have given her the belief she said she had not got, and would have very considerably augmented her fears.

Without in any way encouraging scepticism in its ordinary meaning, as wise men, and for the sake of the truth that, as medical men, we accept, we cannot be too careful in requiring the fullest amount of evidence as to facts connected with it.

When a truth that we had not before noticed is opening up to us, there is a great danger of accepting what appears to be a corroboration of it on too slight evidence. My younger brethren will excuse me giving a word of caution on this head.

A gentleman, now many years dead, became a convert to Homœopathy. He had occupied a prominent position as an opponent, consequently his change of belief caused some stir. He issued a pamphlet giving an account of what had helped to confirm his opinion. While there may have been more than enough to justify him in the step he had taken, I could not avoid thinking, on reading his pamphlet, that as he grew older he would become less sanguine and would learn that the success he had met with might not always be due to the action of his drugs but to other causes. I do not now say this to censure one who cannot defend himself, but who, had he lived, would no doubt have taken a prominent place amongst us, and probably would have joined with me in warning you against the rock upon which he had run, and on which I have no doubt I myself have done the same.

I can but very cursorily glance at the search for truth in

its scientific aspect, and, indeed, only briefly at it in its medical bearings.

By the word truth, as I seek to apply it, I mean the recognition of all known scientific laws, and of all established scientific facts.

Thus, I would say, that when the Atlantic cable was broken, and lay many hundred feet deep at the bottom of the Atlantic, in was true science that enabled those in charge of the expedition to return to the exact spot to find it, and then, by the perfection of their appliances, raise it on board the ship, make a splice, and open communications with the shore.

The completion of Telford's suspension bridge over the Menai Strait was in its day a great engineering triumph, as was also the still greater feat of the laying the tubular bridge across the same Strait; the last needing all the skill of Eaton Hodgkinson to make those true calculations as to the strength of the iron, that enabled Robert Stephenson to accomplish the great undertaking that has since then conveyed thousands of trains across in safety.

It was the failure of making true calculations, as well as faulty material, that led to the disaster at the Tay Bridge, and the making of which correctly has saved the light but elegant bridge made by Brunel over the river at Saltash, near Plymouth.

Science has not been equally felicitous in all her branches, though great truths have been developed, and in our day the unrolling of them has advanced at express speed.

Going back to the early history of the world we find the Babylonians laying the foundation of the study of astronomy, mapping out the heavens, naming the constellations, and discovering that there were true and unerring laws guiding all the movements of the heavenly bodies. And yet with all this knowledge that should have led them to recognise a divine head overruling all, how rapidly they sank into the grossest error, and forgot God, the great Creator.

Again, in those early ages, we find the Egyptians renowned for their learning, yet, like the rival kingdom, accepting the most revolting form of worship, and in the end degenerating from all their ancient grandeur.

Piazzi Smith, the Astronomer Royal of Scotland, has, in his deeply interesting book, *Our Inheritance in the Great Pyramid*, shown how this wondrous structure differs from all other Egyptian buildings; how measurements and cal-

culations may be made from it, that, if his conjectures are right, show, as he says, that either its builder was divinely inspired, or that in those days an amount of knowledge was possessed greater than we now enjoy. It is interesting to know that the calculations of the sun's distance from the earth, based on the information obtained from the pyramid measurements, comes nearer what we now think approximates to the truth than the measurements formerly given.

Spectrum analysis has opened up a new field of truth. Thus, gases, especially hydrogen, and metals, such as sodium, iron, calcium, magnesium, and others have been demonstrated as existing in the vapoury atmosphere surrounding the sun.

By this newly-discovered agency a portion as small as the 5,000,000th part of a grain may be detected. To us this is of interest, as supporting what we have so long contended for, that matter was capable of division to an extent of which we could form no comprehension. Ordinary means give us some idea of this. The 5th decimal dilution of musk, or the 100,000th part of a grain, is readily recognised. And when we know that musk will scent a drawer for years, and unpleasantly influence a susceptible person long after the original particle has been removed, we may ask what is the quantity that effects this. Again, what is the quantity of scarlet fever poison that will produce disease? These questions are more easily asked than answered, but it is well they should be thought about. In an interesting paper by Dr. Ramsbotham, of Leeds, in reply to a letter in the *Leeds Mercury*, he mentions that "Dr. Burdon Sanderson has discovered in vaccine lymph small particles of less than the 20,000th of an inch in size, and, for vaccination to be successful, one at least of these particles must be introduced under the skin." While speaking of the action of small quantities, I may refer to a statement of Darwin's, quoted by Dr. Galley Blackley. "It is," says he, "an astonishing fact, on which I will not here again enlarge, that so inconceivably minute a quantity as one 20,000,000th of a grain of *phosphate of ammonia* should induce some changes in a gland of *drosera* sufficient to cause a motor impulse to be sent down the whole length of the tentacle; this impulse exciting movement often through an angle of above 180°. I know not whether to be most astonished at this fact, or that the presence of a minute bit of hair, supported by a dense secretion, should quickly cause comprehensive movement." (*Insectivorous Plants*, by C. Darwin, M.A., F.R.S.)

Just now electricity bids fair to cause as wondrous a change as the locomotive did in its day. Other agencies, such as compressed air or compressed gases, may yet compete with steam and electricity in the purposes to which they are applied. Upwards of forty years ago the late Mr. Kemp showed what enormous power existed in compressed gases. All we then needed, as we still do, was to know how to utilise it.

Geology is accumulating fresh facts, and palæontology is opening up new subjects of interest, the truths connected with which we have yet to search for. Remains of animal life are now found in rocks where they were not known to exist. The traces of *Eozoon Canadense*, found in rocks below the Cambrian, described by Dawson, shows how far we have gone in this direction. The smallness of the brains of mammals of the tertiary period, and of birds of the cretaceous period, has attracted notice. The *Titanosaurus* found in the Jurassic beds of Colorado is another creature of a bygone age to which modern exploration has introduced us. We may be glad not to have this beastie, one hundred feet long and thirty high, wandering at large, unless we could turn his gigantic force to account and make him work. Had he been in existence we could better appreciate the fable of the cock standing in the dark in a stable with horses, who thus addressed them: "My friends, I think we had better stand still for fear of treading on each other's feet."

The recent discovery of salt in Cleveland, will be the means of opening up a new industry in that district, thus turning scientific exploration to good practical account.

The recent adoption of a method of storing fodder, practised in parts of France and America, bids fair to be a source of wealth to the farmer in enabling him to supply a greatly increased number of cattle with food. It is called *eusilage*. Trenches several feet deep are dug, and lined with brick-work, cement, or concrete. The fodder containing all its moisture is chopped, and buried in these pits or *silos*. The whole is then covered up with boards, felt, and earth. When opened the fodder is found to retain its freshness and purity.

It is to be lamented that the discovery of another truth that would largely benefit the farmer is so long delayed. I refer to the best mode of utilising our sewage, as there can be no question as to the fatal mistake of our present system, whereby our rivers are polluted, our health injured, and enormous quantities of fertilising material wasted. Surely



it would be better to retain the sewage for the use of the land, even at a present loss, than go on as we are doing.

There are many difficulties that have to be overcome in other directions. Thus, how to restore some beauty to the fields of Lancashire and Yorkshire by getting rid of the tall factory chimneys, while the factories themselves are made more healthy and pleasant-looking to the eye, is well worthy of attention. Hitherto the beautiful has had to give way to the utilitarian. Our efforts should be to secure all the advantages we can from each.

*(To be continued.)*

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## CLINICAL USES OF KALI IODATUM.

By DR. GRUBENMANN.

(Translated from the German by T. M. STRONG, M.D.)

THIS drug has rendered me good service in exudative pleuritis (in empyema and hæmorrhagic pleuritis I have had no experience with it), and in the secondary and tertiary forms of syphilis. Of its influence over the serous exudation in pleuritis we give the following examples:—

Case 1.—R——, a woman twenty-five years of living in good circumstances, was attacked in the spring with a pleuritis and catarrh of the lungs. She applied to me on May 5th, 1881, after she had been for two months under old school treatment. The following conditions were present:—She was in the seventh month of pregnancy; emaciated and anæmic in appearance, with depression of spirits. Pleuritic exudation on the left side, reaching up to the third rib in front and the spine of the scapula behind; dulness on percussion and absence of respiratory sounds. The heart was displaced slightly to the right, with a catarrhal secretion at the apices of the lungs. The dyspnoea, which was due to the compression of the left lung, was moderated by lying quiet. On account of the extreme debility the patient cannot sit up without help, and must be supported during the examination. Night sweats, loss of appetite, thirst. Fever had been present for several weeks, and ranged in the morning and evening temperature below 38° to 39·5° C. Pulse 108. *Kali Iod.*, 2—4 centes., was given three to four times a day, with the result that in the first fourteen days the fever began noticeably to decrease, and in another fortnight the severe

annoying cough was lessened, and the watery exsudate yielding slowly. In the beginning of July this patient gave birth to a strong and apparently healthy child, which, however (without any previous sickness), died in convulsions on the third day. After her confinement the patient slowly but steadily improved. At the end of July the exsudate still reached to the fifth intercostal space in front and to the spine of the scapula behind. The cough and fever were almost entirely gone. There was also a general improvement in all the symptoms; appetite good, thirst less, as also the night sweats. From the middle of July the patient was out of bed the greater part of each day. By the middle of August all traces of the cough were gone; the respiratory sounds of the apices of the lungs were normal. Exudation was still present at the end of August in the axilla and at the points of the scapula, but had disappeared completely by the end of September, together with the dulness. The normal respiratory murmur again returned in the hepatised left lung, as well as a sonorous respiratory, and free muscular movement of the left side of the thorax.

Case 2.—F. S., a woman forty-six years of age, weakened constitution, came for treatment on April 16th, 1881. There was a marked effusion in the right pleural sac, extending to the fourth rib in front and the spine of the scapula behind. The liver was enlarged in its lower portion, and the dyspnoea was extreme. There was a dry cough, but the lung was intact and the fever not high. Her health was fully restored by the end of June.

Case 3.—A. St., twenty-three years of age, a farmer, applied for treatment on Feb. 16th, 1881. There was an exudation into the right pleura, which extended up to the second rib in front, and the scapula behind. He had been treated for twelve weeks for a catarrhal fever. There was a chronic catarrhal inflammation at the apex of the left lung. The patient was very much weakened and emaciated from night sweats and long-continued fever. *Kali Iod.* 2—6 was the chief remedy given, although *Sticta Pulm.* was given as an intercurrent remedy for several weeks, but without any benefit. The health was fully restored, the respiration rendered easy, the weight increased, the cough disappeared (left lung being normal), and the patient returned to his work in the field.

Case 4.—M. B., fifteen years of age, a tall, narrow-chested girl. The whole left cavity, even over the clavicle, was

filled with an exudation, and over all a tympanitic resonance. The heart was displaced to the right side, so that the left edge of the left ventricle lay in the middle of the sternum; great oppression of breath, continuous, annoying cough and profuse night sweats were present, and in the right lung an extensive bronchitis. The prognosis was unfavourable, and the use of the aspirator recommended; but improvement appearing very promptly on the use of *Kali Iod.* the operation was postponed. At the end of two and a half months the patient seemed well, she has continued in good health, and has grown to be a strong young woman.

When pleuritis sicca is present *Sepia* 15—30 has brought about in several cases a wonderfully prompt recovery.

I have had but little experience with *Kali Iod.* in croupous pneumonia and pleuro-pneumonia, and have had but slight inducements to try it, since *Phosphorus*, *Tartar Emet.*, *Aconite*, and *Sulphur* have always benefited, and, besides, we are not called upon in our district to treat many severe cases of pneumonia and pleuro-pneumonia. But I do not doubt the experience which Dr. Kafka has had with *Kali Iod.*, *Brom.*, and *Iodine*. I gave *Sulphur* and *Phosphorus* for four weeks, without any result, in a case of lobular pneumonia with circumscribed pleuritis of the right side, and then prescribed *Kali Iod.* 3, which in twenty-four hours removed the fever, local pain, and difficult breathing.

In chronic forms of syphilis, such as gummata, exostoses, ostites, necrosis, or abscesses, and so-called tubercular syphilides, *Kali Iod.* has almost always helped, but not in large doses, since I order 3.0 in distilled water to be taken every fourteen days. And it is not to be forgotten that a tea or dessertspoonful of the watery solution should be taken in warm milk, and not pure or in water, since in my experience the action of the drug in the latter form is not so prompt. This advice arises from the observation that the milk of cows which have been given corresponding doses of *Iodine* show a remarkable influence over syphilis.

*Remarks.*—Just as we had finished the translation of this article a young man, age twenty-one years, Russian by birth, was admitted to the hospital. He had been in this country seven weeks, and had been sick for four weeks. He was treated at the Emigrants' Hotel for a "heavy cold with pains in the left side."

When admitted, January 27th, there was absolute dulness over the left lung, and almost the same condition over the

lower part of the right one. The heart sounds were heard over a more extended space, but were normal. The pulse was quick and compressible; there was thirst, debility, short breath when sitting up, but no pains. *Sulphur*, followed later by *Phosphorus*, was given until the ninth day, when the following conditions were present: Dry and frequent coughing spells (followed in a day or two by a profuse expectoration of a yellow, slimy, pus-like nature), with pains through the left lung, fever increased, profuse sweatings at night, and every appearance of a rapidly fatal termination. *Sulphur*, *Phosphorus*, and *Sanguinaria*, given persistently, did not seem to ameliorate any one of the symptoms, and the patient was growing weaker every day. The appetite always remained good. He could not sit up or lie on the back or right side without coughing, but he had to lie partially propped up and on the left side. The expectoration was so profuse that it was necessary to empty the ordinary expectoration cup several times in twenty-four hours. Such was the general condition on the twenty-second day, when he was given *Kali Hyd.* 6. This was continued from Feb. 15th until the present writing (April 20th) with this result (which began in forty-eight hours), that, while there is no apparent change in the physical condition of the lungs, the general state is as follows: Occasionally a slight cough, no fever or sweats, very little expectoration (of a normal nature), no pains, bowels regular (for a yellow, offensive, profuse, painless diarrhoea which occurred during the above period *Carbo Veg.* 6 was given), sleeps well, sits up several hours every day, and when a removal from an upper to a lower floor was necessary walked downstairs himself. While I do not think he will ever recover a fair state of health in this climate, I do believe that could he be placed under favourable climate and hygienic influences, and given light occupation as strength returned, that he might maintain a hold upon life for many years.—*Weekly Medical Counselor.*

### A COLLEAGUE BURNT OUT.

WE learn with regret that Lansdowne House, Ryde, the residence of our *confrère*, Dr. Hugh Hastings, has been destroyed by fire. The doctor's valuable library of 1,500 volumes was totally consumed. He was insured in the Liverpool and London and Globe, and he adds, "I cannot speak too highly of their liberality, as they supplemented the claim sent in by adding £200!"

## CLINICAL CASES, ILLUSTRATING THE DIFFERENCE BETWEEN TRUE AND DELUSIVE HOMŒOPATHY.

By E. W. BERRIDGE, M.D.

(2) *Chronic Headache cured by Phosphorus*.—Mrs. A. R., æt. 24, consulted me September 10, 1881. For three years, ever since her first confinement, has suffered from headache, never being free for more than two consecutive days. The pain is like a gnawing in occiput, vertex, and sides of head, making eyes feel as if they would drop out, and lasting from twenty-four to thirty-six hours; worse when pregnant (is now seven months pregnant with third child), and from lying down; better if sitting up, in open air, and by weeping. Has had much trouble from poverty since her marriage.

The symptom, "relief of headache from weeping," has not yet been recorded, but Bønnighausen's MS. additions to his Pocket-book give under "relief from weeping," *Dig.*, *Graph.*, *Ign*, *Lyc.*, *Phosph.* Of these only *Lyc.* and *Phosph.* have "aggravation of head symptoms by lying;" *Graph.*, *Lyc.*, and *Phosph.* have "relief of head in open air;" none of them have "relief of head from sitting;" but *Phosph.* has the analogous symptom of "relief of head from standing;" *Lyc.* and *Phosph.* have "gnawing" in various parts of head, though not exactly as described by the patient.

I therefore gave her seven doses of *Phosph.* cm. (F.C.), one to be taken daily till relieved. No change in diet or regimen.

October 17.—Headache ceased after third dose, when she stopped taking the medicine, and did not return till yesterday, when she took another dose at 9 a.m., with speedy relief. To-day slight pain at 12.30 p.m., which soon ceased of itself.

December 3.—Was safely delivered November 28. Had had only three headaches since last report, the last being on November 27; each time she took a dose with great relief. Has had a headache to-day and yesterday. I now gave another dose, and supplied her with four more to be taken when needed.

January 4, 1882.—Has had four attacks, and taken the four doses; the last three attacks were on December 31, January 1, and to-day. I now gave her seven doses, one to be taken every other day.

January 24.—No return of pain till to-day, when she had headache across eyes at 10 a.m. Prescribed a dose every third day for eight doses.

September 26.—No return of headache, though her domestic troubles had continued till the spring of the year.

*Comments.*—(1) This case illustrates the frequent need of selecting a remedy by analogy, when the symptoms of the patient do not correspond *verbatim* with those in the *Materia Medica*. The conditions of one symptom of a medicine are often a guide to its selection for another symptom with the same conditions; or a peculiar symptom occurring in one region may also indicate the use of the same medicine for that symptom in another region. I recently prescribed the same remedy and potency for a severe pain in the stomach, relieved by weeping, for which a *pretended* London homoeopath had fruitlessly prescribed bicarbonate of soda as a palliative; the remedy afforded speedy and marked relief, though other medicines were subsequently needed. This shows the absolute necessity of having a *Materia Medica* arranged so as to enable us to make use of analogy in these cases. The only one fully arranged in this manner is Hering's *Guiding Symptoms*.

(2) The necessity for repeating the remedy so often possibly arose from the adverse surroundings of the patient, which continually tended to interfere with its curative action.

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## ON THE VIOLA TRICOLOR AND ITS USE IN ECZEMA.<sup>1</sup>

By HENRY G. PIFFARD, M.D.

*HISTORY.*—So far as I have been able to learn, the *Viola Tricolor* was first brought to the notice of the profession as a remedy in eczema by Strack in a monograph published in 1779. He was followed, six years later, by Dillenius, who gives *Viola* the same rank as a specific in this disease that he accords to *Cinchona* and *Mercury* in other spheres.

Later, Murray quotes numerous authors in its favour. In 1796 Hahnemann makes mention of it in *Hufeland's Journal*. In 1813 Graumüller speaks of it as specially useful in milk crust of children, in which he says it is specific. Several subsequent authors, down to Frank in 1843, praise it in

<sup>1</sup> Abstract of a paper read at the meeting of the *Materia Medica Society*, March 23, 1882, and published in *N. Y. Medical Times*.

similar terms. Of late years, owing to the influence of Hebra, who regarded eczema as a purely local disease, and therefore sought only for local remedies with which to combat it, this plant has been entirely neglected by German dermatological writers. Kaposi even denies that it possesses the slightest influence on the course of cutaneous affections, a statement which is absolutely at variance with the facts.

**PHARMACY.**—This remedy has usually been given in the form of an infusion, and for some time I made use of it in this way. As this mode of administering it proved very inconvenient in many cases, I instituted experiments with several other preparations. The homœopathic mother tincture did not appear to give as good results as the infusion, and after fair trial was abandoned. The solid aqueous extract was found not to keep in hot weather. Up to this time the results obtained from *Viola Tricolor* had varied greatly, greatly, being sometimes brilliant and sometimes wholly negative, even in apparently similar cases. On testing a number of samples of the article, obtained at different drug stores, less than half of them were found to be genuine *Viola Tricolor*. This induced me to make a special importation of the drug, which on trial I found to give much more uniform results. Instead of the infusion I now use a fluid extract prepared for me by Dr. Squibb, which has proved in every way satisfactory.

**CHEMISTRY.**—Within the last two years Mandelin has subjected the herb to very thorough and careful analysis, and has succeeded in isolating an inorganic crystalline substance, which was found to possess the physical properties and chemical characteristics of *Salicylic Acid*.

**PHYSIOLOGICAL ACTION.**—Strack has recorded that *Viola Tricolour*, when given in medicinal doses to those suffering from cutaneous diseases, causes little systemic disturbance other than increased diuresis and a decided alteration in the odour of the urine. This is confirmed by Hufeland and other authorities, and has also been observed by the present writer.

A so-called proving was published in 1828 by Stapf., in the *Archiv. f. d. Homœop. Heilk.*, B. VII., H. 2, p. 173, in which effects, presumably observed on the healthy, are inextricably mixed up with those occurring in patients. These effects were probably observed after the administration of large doses of a mixture of the expressed juice of the plant with an equal quantity of alcohol.

The result is here given of a comparison instituted by the writer between the crude *Viola* and its presumed active principle, *Salicylic Acid*. The symptoms are taken from Allen's "Encyclopædia":—

*Effects of Viola Tricolor on Various Organs.*

*Head*.—Confusion and dulness; heaviness of the head; headache; burning sensation in the scalp above the forehead.

*Eye*.—Stitches in the eyes; lids droop; pupils contracted; vision obscured.

*Nose*.—Itching pressure toward the left side of the nose.

*Mouth*.—Tongue white and covered with mucus having a bitter taste; much saliva, with sensation of dryness of the mouth.

*Abdomen*.—Sticking and griping pains.

*Urinary organs*.—Tenesmus and frequent desire to urinate; profuse urination; urine turbid, offensive, smells like cat's urine.

*Temperature*.—Heat over the whole body—night sweats.

*Skin*.—Nettle-rash over the whole body; itching and burning sensation.

*Effects of Salicylic Acid.*

*Head*.—Vertigo; dulness; rush of blood to the head; headache.

*Eye*.—Diminished acuteness of vision.

*Nose*.—Sneezing.

*Mouth*.—Dryness and burning in the mouth; extremely disgusting taste.

*Abdomen*.—Vomiting.

*Urinary organs*.—Urine of a greenish tinge, filled with floating crystals that, on standing, settle to the bottom of the vessel. If the crystals are filtered off, the urine soon becomes putrid, but if not removed the urine will remain fresh for a week.

*Temperature*.—Increased warmth of the skin; sweats.

*Skin*.—Petechiæ and ecchymoses; burning, itching, and desquamation.

*Effects from Salicylate of Sodium.*

*Skin*.—Severe pruritus, redness, and urticarial eruption (Heinlein). Lichenoid eruption.

**THERAPEUTIC OBSERVATIONS AND USES.**—Hufeland says in his *Journal*: "I once saw the disease in a fifteen-year-old child, who had also suffered from it in infancy, and at the eighth year, and now, for the third time, was suffering severely. The worthy mother of the child drew from her pocket the prescription which she said had already twice cured her son of his eruption. It proved to be the *flor. trinitatis offic., seu Jacea*. When the eruption appeared for the third time, with little vesicles on the forehead and cheek, she believed that the old evil had returned, and forthwith administered two cupfuls of strong *Jacea* tea, morning and night. The vesicles began to dry up, the eruption became



less evident, and the tea was discontinued. After eight or ten days, however, the eruption again came to the front. The tea was resumed, but its effects were quite different. The skin of the face became tense and swollen, and the eruption broke out in fresh spots and spread over the whole face, and even behind the ears. The glands in the neck were swollen, and the patient, in consequence of the severe tension of the skin, could hardly turn his head. The eyes alone remained clear. . . . Now, after several days, the entire face became covered with a thick crust, which here and there cracked, and gave issue to a yellowish viscid matter that thickened and hardened like gum. Owing to the overhanging crust the patient could with difficulty open the eyelids. Together with the eruption there was an insufferable itching, which caused the youth to scratch and tear the crusts even in his sleep, and when morning came it was found necessary to tie his hands to the bed to keep him from scratching. . . . The urine increased to an unusual amount, and stunk horribly, pervading the entire room with an odour like that of cat's urine."

The increase of the eruption after full doses of the drug, as described above, I have personally witnessed almost times without number, and it may be stated as a proposition easy of verification, that if *Viola Tricolor* be given to a child suffering from *acute* eczema, in doses of 30 to 60 grains, or to adults in proportionately larger doses, the most prominent early effects will be decided aggravation of the eruption and increase of area invaded by it, together with increase of local heat and pruritus. This aggravation reflection and increased experience have in great measure enabled me to obviate by adapting the dose to the individual case in hand. For young children the proper quantity to begin with is from one to five drops of the fluid extract once or twice a day. In *sub-acute* and *chronic* eczema the commencing dose should be much larger, 10 or 15 drops at least. As soon as a decided aggravation is threatened the dose should be discontinued, and resumed in less quantity. In adults the commencing dose may be placed at from five to ten minims in acute, and from half a drachm to two drachms in sub-acute cases.

The best and most striking results I have obtained have been in the second stage, with serous or sero-purulent exudation and crusting.

# HOMŒOPATHY AHEAD.

**DR. EVERETT'S FINAL REPORT ON THE MANAGEMENT OF THE COUNTY POOR-HOUSE—A VERY FAVOURABLE SHOWING FOR HOMŒOPATHIC SCHOOL OF MEDICINE—CHEAPEST AND BEST.**

DR. AMBROSE S. EVERETT, who has been county physician for the past year, yesterday made his retiring report to the Board of County Commissioners, the Board having decided to change the school of medicine to allopathy. The report is very favourable to the homœopaths. It is shown that the death-rate has not only been decreased 50 per cent., but the cost of the operating expenses has also been greatly diminished. The following is the report in full :—

To the Honourable Board of County Commissioners of Arapahoe County.

Gentlemen,—I have the honour herewith to submit to your honourable body, in addition to my regular monthly communication, a summary of the twelve reports submitted by me, covering the official year ending March 31, 1882, and have carefully compared the same with a similar summary for the year ending March 31, 1881 :—

	1881.	1880.
Number of patients on hand April 1 ... ..	82	49
Number of patients admitted during the year...	926	711
Number of patients discharged during the year	858	597
Number of patients born during the year ... ..	18	10
Number of patients died during the year ... ..	74	91
Number of patients remaining March 31 ... ..	89	82
Average daily attendance at hospital ... ..	79.4	67
Number of gaol and outside patients ... ..	337	212
Total number of cases treated ... ..	1,358	982
	Dols. c.	Dols. c.
Cost of drugs and surgical supplies ... ..	1,001 25	1,747 27
Salary of druggist... ..		600 00
Cost of prescriptions for outside patients ... ..		316 90
Total cost of drugs, surgical supplies, and salary of druggist ... ..	1,001 25	2,664 17
Cost per patient ... ..	73	2 17
	Per cent.	Per cent.
Mortality rate ... ..	07.9	13.2

This summary includes all the expenses of the medical department, except the salaries of nurses and physicians. The data from which the amount paid to nurses was to be obtained for the year ending March 31, 1881, are filed away in the archives of the county clerk, and to obtain them would involve more time and labour than either the county

clerk or myself had to spare. As the number of nurses and the salaries were about the same, this item would not materially affect the comparative result. Inasmuch as it is left out of both years it can work no hardship to either management.

From the preceding summary it will be seen that the cost of the medical and surgical supplies during the year ending March 31, 1882, was 1,001 dols. 25 c. From this amount must be deducted the price of the supplies on hand, and for which we have the receipt of the chairman of your honourable Board, as will be seen by voucher "A," accompanying this report, amounting to 244 dols. 53 c., leaving a net of 756 dols. 72 c. as the cost of these items for the entire year. If to this we add the salaries of the physicians (2,200 dols.) there will be a total of 2,956 dols. 72 c.—a sum of 43 dols. 23 c. less than the contract price for which you have let the hospital for the ensuing year. If you had retained the homœopathic management in the hospital it could have been run during the coming year (taking the past as a basis) for a sum not exceeding 2,700 dols., thus saving to the county over your present arrangement the sum of 300 dols. This sum is certainly large enough to merit some consideration at your hands. It will also be seen that the cost of the medical and surgical supplies for the year ending March 31, 1881, was 2,664 dols. 17 c. Adding to this the salaries of the physicians for that period (2,500 dols.) you have as the total cost of that year the sum of 5,164 dols. 17 c. If from this amount you deduct 2,956 dols. 72 c. (the cost for these same items for the year ending March 31, 1882) you have a saving of 2,207 dols. 45 c. This sum, however, does not show the full saving, for during the year just passed there was an increase of 376 in the number of cases treated. It cost the county during the year ending March 31, 1881, the sum of 27 dols. for each patient. If during this year there had been 1,158 patients, as there were during the one with which it is compared, the total cost to the county, including the physicians' salaries, would have been 6,180 dols. 18 c., instead of 5,164 dols. 17 c. The real saving then is obtained by deducting the cost during the year just passed, 2,956 dols. 92 c., from 6,180 dols. 18 c., the amount it would have cost had the number of patients been equal during both years. Figuring upon this basis, which is the only just and proper one from which to calculate, the saving in favour of the year just closed amounts to 3,223 dols. 46 c.

When we took charge of the medical department of the county it will be remembered that we only claimed to be able to reduce the expenses 1,000 dols. or 1,200 dols. From the amount saved it will be seen that we have done nearly three times better than we claimed to be able to do. It will be seen also that the death rate has been reduced nearly 50 per cent. It is very gratifying to us that we have been enabled to place upon record, and carry down into history, results so far in advance of our highest anticipations. It gives me great pleasure also to congratulate your honourable body, and especially those members of it who favoured the introduction of Homœopathy in the county institutions, upon these results.

In behalf of the homœopathic world I thank you for the fair-mindedness, the manly courage and liberal spirit which prompted you to afford Homœopathy the opportunity to make these results. The influences of Homœopathy upon the county institutions will be indirectly felt for years to come. The results which it obtained have already enabled you to contract with the old school for the management of the medical department of the county at a price 50 per cent. less than you ever would have been able to do if the change from the old school to Homœopathy had never been made. As this report closes my official connection with your honourable body, I hope I may be permitted to make the following recommendation: I turned over to your honourable Board medical and surgical supplies to the value of 244 dols. 53 c. These supplies stowed away in the office of the Superintendent of the County Poor will do no one any good, and will constantly deteriorate in value. I desire, therefore, to recommend to your honourable Board that with these supplies a free dispensary for the outside poor be established, and its management be placed in the hands of the homœopathic physicians of Denver. In conclusion permit me to thank you for the kindness and courtesy I have received at your hands, and for the confidence you have reposed in me as a county officer.

AMBROSE S. EVERETT, M.D.,  
County Physician.

We cull the foregoing from the *St. Louis Clinical Review* for May, 1882, and beg to inform our *allopathic* contemporaries that we have NOT copyrighted the article.

N.B.—The DEATH-RATE was reduced FIFTY per cent. !

## DR. PRATER'S PRIZES AND PRIZE ESSAY.

DR. PRATER, who has already distinguished himself by his generosity in endeavouring to promote the study of Homœopathy by offering prizes for reports of cases, for competition among the students of the London School of Homœopathy, has recently placed in the hands of Dr. D. D. Brown a sum of £30, to be awarded to the author of the best essay on HYDROPHOBIA. The following points are to receive consideration:

(a) The history, pathology, and symptoms of hydrophobia.

(b) The various measures, surgical and medicinal, for its prevention after inoculation with the virus.

(c) Curative measures after the development of the disease, stating the pathogeneses of the medicines recommended as far as they relate to the disorder, and the more or less close similarity of each to the different stages of hydrophobia.

(d) Cases, whether previously recorded or not, which illustrate the value of the treatment adopted before and after the development of the disease.

Essays, which must be written in English, to be sent to Dr. Dyce Brown, 29, Seymour Street, Portman Square, London, W., on or before the 1st day of November, 1883.

Each essay must be distinguished by a motto and be accompanied by a sealed envelope containing the name and address of the author, and having the motto attached to the essay on its face. Any essay having the author's name appended to it will be disqualified. Dr. Bayes, Dr. Hughes, Dr. Pope, and Dr. Brown are the adjudicators of the prize.

If no essay comes up to the required standard of excellence the prize will not be awarded.

We have also much pleasure in stating that Dr. Prater has, with the further view of encouraging the study of Homœopathy by medical students and medical men, presented the London School of Homœopathy with £20, to be devoted to two prizes of equal value to be awarded to the best students in the competitive examinations in Materia Medica and Practical Medicine which will be held at the close of the present session.

## VETERINARY PRACTICE.

By EDWARD THOMAS, ESQ.

You have several times inserted some of my cures in the *Homœopathic World*, and I now enclose a few which I have selected, principally with the intention of showing the curative powers of *Aconitum* and *Nux Vomica* in milk fever of cattle. I think it will be found that there is more or less paralysis of the hind quarters, and consequent constipation, in all milk-fever cases.

I have repeatedly cured cases of paralysis of the hind quarters in dogs and horses with *Nux*, and hope some day to write out the cases.

Case I.—A cottager, George Shone, Lane Ends, Buckley, Flintshire, came to me early one morning on horseback for medicines for a cow, which, ill with "milk fever," had been "down" forty-eight hours. He had been told of Homœopathy the day before, and had gone some four miles, to Mold, to get some medicine. His friend had given him the whole of his own stock (about six doses) which Shone had administered to the cow, a dose every six hours, and he thought with some little benefit.

Finding there was paralysis of the loins, and no action of either bladder or bowels, I ordered ten drops of *Aconitum* 1 in water every half-hour for four doses. Then to administer *Nux Vom.* 1 and *Aconitum* 1 in alternation every hour for six times, then every two hours. They commenced giving these medicines about 11 a.m., and at 4 p.m. the cow got up. However, the man continued giving the *Nux Vom.* for two or three days longer. G. S. tells me he has been very successful in curing similar cases (at the rate of about ten or twelve a year for the last ten years), and has rarely used any other remedies than *Acon.* and *Nux Vom.* I find his name now in a directory of the County of Flint as "George Shone, Cow Doctor!"

Case II.—A full-bred Alderney cow was taken with milk fever thirty hours after calving. The principal symptoms at 3 p.m. were: She was unable to get up; abdomen swollen; neither bowels nor bladder acted; considerable tossing about of the head. *Aconite* was given at half-hour intervals for three hours and then alternated with *Belladonna*, throughout the night a dose of one or other every two hours. At 7 a.m. next day the swelling was very considerable. Twenty-drop doses of *Ammon. Caust.* 1 were given every half-hour. When

four doses had been given the swelling went down very considerably, and the hard breathing was greatly relieved. The animal appeared very much weakened from want of food and from the fever, so we gave thin gruel every two hours.

At 10 a.m. I administered a three-quart enema of tepid water without result, giving internally *Acon.* 1 and *Nux* 1 in alternation. At 12 noon I repeated the enema, still without result. (Internal medicines were still continued.)

At 2 p.m. I repeated the enema, in which this time I put half an ounce of tinct. *Nux Vom.* 1. In ten minutes' time there was a copious evacuation of hardened and flattened fæces, much of the appearance of "lapstone" potatoes; and when broken they appeared like hard-pressed hops. At 3.30 p.m. the cow got up and made a good recovery.

The sort of cattle enema I have made use of for many years is a three-quart tin with a wire *ear* to hang up by. Instead of a flat bottom, I have it made like a funnel with a long pipe, having a tap half way down. I fasten to the pipe three yards of indiarubber tubing and a large size bone pipe, and the instrument is complete. When used it should be held or hung up at least a yard above the animal, and the water will soon find its way into the bowel.

Case III.—A cow had been down and under a farrier's care thirty hours, when he gave it up. The farmer travelled ten miles to get advice and homœopathic medicine. I gave *Aconitum* and *Nux*, the first dose of which was given at 2 p.m. on a Saturday. It got on remarkably well until about 3 a.m. the following morning (Sunday), when the man who had charge of the animal woke up and found the rugs had fallen off and the cow very chilly. They at once gave *Aconitum* again, until she appeared comfortable.

On Monday the farmer called to say the cow gave milk and chewed the cud, but could not get up. He supposed she had rheumatism from the chill. For these symptoms I ordered *Rhus Tox.* 1, ten drops every four hours. In twenty-four hours the cow was up, and appeared in her usual health.

Case IV.—In April last I was consulted about a fine cow which had calved forty-eight hours, and "went down" about twelve hours after calving.

She had been attended for twenty-four hours by the country farrier, who held out no hopes of recovery. Her owner, whose wife is an old homœopathic patient, came to Chester to consult me about the case. I found, on inquiry, that the symptoms were of the usual character. No action whatever

of the bladder or bowels; the udder yielded very little milk; she was down, and could neither turn over nor get up; cudding had ceased from the first.

I followed my usual course for the past twenty-five years, viz., ten drops of *Aconite* 1 every half-hour for six doses, then in alternation with *Nux Vomica* 1, giving medicine every two hours. As in this case constipation was a very prominent symptom, I sent the enema apparatus, and was much gratified to know in a few days that the cow got up on the following day, and has since been quite well.

In most of the cases of what is usually known as milk fever—often as loin-fallen—inaction of the bowels and bladder are very prominent symptoms. And I very early in my practice tried, with great success, *Nux Vomica* 1. I am quite persuaded that I should have lost many cases had I not used the tepid water enema; sometimes putting half an ounce of *Nux Vom.* 1 in the two or three quarts of water. I trust these reports will induce others to try Homœopathy in veterinary practice. There are no cases in which the proof of the efficacy of the small dose, when selected according to the homœopathic doctrine, is so incontrovertible as in the "poor dumb beasts," who can neither exercise faith nor have any prejudice.

16, Pepper Street, Chester.

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### Epileptiform Disease in Hounds.

In the *Journal of Medicine and Dosimetric Therapeutics* Dr. Burggraave gives the following interesting facts:—

"M. Nocard, Professor of Clinical Medicine in the well-known Veterinary School at Alfort, finds that the external auditory meatus of dogs affected with epileptiform convulsions contains parasites of the acarus type belonging to the species *Chorioptes ccondolus* of Mignin (*Symptiotes* of De Lafond). Up to the present time practitioners have been ignorant of the cause of these convulsions, which have been taken for symptoms of rabies, and the life of the animal sacrificed in consequence.

"In dissecting dogs killed under these circumstances, Professor Nocard found in the external ear, quite at the bottom of the meatus, a considerable mass of cerumen of a chocolate colour, having the consistency of putty, and pushing back the tympanum so as to cause this membrane



to protrude into the internal ear. Microscopical examination of this substance showed it to contain a considerable number of acari belonging to the species above named, and presenting the most various degrees of development.

"Hering was the first observer who found this acarus in the dog. He discovered it in an ulceration of the auricle, and took it for a *Sarcoptes*. Zürn described it more perfectly in 1874, and his observations were corroborated and extended by Guzzoni, of the Veterinary School of Milan, in 1877, and by Mignin in France in 1878, who found the same parasite in the cat and the ferret. Lastly, Mignin, in a short communication to the *Société de Biologie* last year, said that he had also found this same acarus in the ear of a harrier which suffered from epileptic fits.

"The neighbourhood of the cerebellum, according to Burggraeve, explains the epileptiform convulsions, and he thinks it would be interesting to examine the ears of children who suffer from this disease.

"The remedy proposed by Professor Nocard consists in injecting into the external ear a liniment composed of olive oil, naphthal, and ether. The ear is then closed with a pellet of cotton wool to prevent the evaporation of the ether."

## IS SALT A FOOD ?

THE *Herald of Health* says that a Colorado cattle-breeder has given some interesting facts as to the use of salt and of fruits. He declares it to be a great mistake to feed salt to cattle and horses, and that these animals will not eat it until they have first acquired the habit. The great herders of Texas, Colorado, and California cattle say that the native animals are never fed with salt, and will not eat it. He says:—"I have both horses and cows, which do not, and will not, eat salt if offered to them. The parents, when I cut off the supply, did not suffer perceptibly, and in a short time unlearned the habit. Neither the old ones nor their progeny touch it now. I may record also that while my neighbours have been afflicted with murrain distemper among their cows, and the epizootic and similar diseases among their horses, mine have escaped. This may not, however, be wholly owing to the absence of salt, but to the fact that I

give my animals a great deal of fruit, and this promotes their uniform good health." He holds that with men salt-eating is not a natural but an artificial habit. The great mass of animals do not use salt. It is fatal to many, and probably conducive to pestilent diseases among domestic animals. Human beings live to a great age, and enjoy good health without it, while they sicken from a persistent excess of it. It is no more necessary to the human system as an addition to our food than phosphorus, lime, or sulphur.

### A NEUTRALISER OF MALARIA.

PERSONS who are condemned to live in the fens of Lincolnshire may be glad to learn that a simple method has been discovered of neutralising the deleterious influence of marshy exhalations. Monsieur Martin, in a memoir presented by him to the Société Thérapeutique de France, affirms that this desirable result may be obtained by the cultivation on a large scale of the sunflower (*Helianthus annuus*). The experiment has been tried with great success in the fenny districts near Rochefort, and the Dutch, who, from the peculiar nature of their country, have every opportunity of studying such phenomena, and must be looked upon as high authorities on the subject, have a firm faith in this specific, asserting that intermittent fever, the scourge of the country, has totally disappeared from every district in which a fair trial has been given to it. The fact appears to be proved, but the *modus operandi* is uncertain, it being a disputed question whether the sunflower acts on the atmosphere merely like any other plant of rapid growth by the production of oxygen, or whether, like the coniferæ, it emits ozone, and thus destroys the germs, animal and vegetable, generally supposed to constitute the miasms which produce fever when present in the atmosphere in large quantities.

### PRACTITIONER WANTED AT CAPE TOWN, CAPE OF GOOD HOPE.

A CORRESPONDENT writes us that there is a want of a good homœopathic practitioner at Cape Town, several of the old homœopathic medical men having died, and their places never having been filled.

## Obituary.

### DR. THOMAS KAY WHITEHEAD.

WE sincerely regret to announce the death of Dr. Thomas Kay Whitehead, of Rawtenstall. He died on the 10th September, 1882, of typhoid fever, at the early age of 41.

Dr. Whitehead was a very successful practitioner, and his loss will be greatly felt. Though dead he still lives in the hearts of not a few, for he lived

"Scattering seeds of kindness  
For the reaping by-and-by."

The deceased gentleman was a valued contributor to the *Homœopathic World*, and was engaged on a paper for our pages at the time he was overtaken by his last illness. This paper is in our hands and will shortly appear.

## LITERATURE.

### PHTHISIS PULMONALIS, OR TUBERCULAR PHTHISIS.<sup>1</sup>

JUST now a fresh wave of interest in consumption is passing over the world, and hence we may say that Dr. Brigham's able monograph comes apropos; but, on the other hand, it comes a little too early, as the parasitic nature of phthisis is now the great phthiologi- cal question which belittles and dwarfs every other.

Our author's work must be pronounced as decidedly able, and its principal defects are those of the subject itself in its present stage of development. In our opinion the whole question is still involved in too much doubt and difficulty to admit of its being very lucidly handled at present.

Dr. Brigham tries very hard to clear the deck of all notions that might be in the way of handling the subject scientifically, but he does not quite succeed even in defining clearly one single form of phthisis. Why? Because in the present state of the subject it is impossible for any man to do

<sup>1</sup> *Phthisis Pulmonalis, or Tubercular Phthisis*. By Gershom N. Brigham, M.D. Boericke and Tafel, New York and Philadelphia, 1882.

so, and we question whether a much better book on phthisis is possible at present.

We refer, here, to the work in its pathological and nosological aspects.

What of the therapeutic part? This has our unqualified approbation; the clinical illustrative cases are very aptly chosen, and will render the work of great practical value; that case of Swan's cured with *Tuberculinum* is, to say the least, very remarkable.

We are very glad to see *Baptisia tinct.* amongst our author's remedies for phthisis, it has several times rendered us most important service.

*Psorinum*, too; and it is a great remedy in consumption; it has given us goods results when *no* tubercles had developed.

We miss the *Iodide of Sulphur*, which Dr. Brigham will put into his list in his second edition, if he tries it.

The word "cheesification" (!), on p. 29, is doubtless a misprint.

The paper, printing, and binding are beautiful; in these respects Boericke and Tafel's books are matchless.

Altogether we must thank Dr. Brigham for this sound and able work, and we are quite sure that it will prove one of the most useful investments for senior students.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

### HOMŒOPATHIC CHEMIST WANTED IN SOUTH AFRICA.

SIR,—I beg you will call attention through the *Homœopathic World* to the fact that there is a good opening for a homœopathic chemist in Durban or Pietermaritzburg, in the colony of Natal.

There are three homœopathic practitioners in Durban, I believe, and homœopathic medicines have to be obtained through an ordinary chemist, and any unusual medicines have to be ordered through him from England. I need say nothing about the delay and annoyance.

There is also a large field for an energetic man to present new remedies to the world. The *Bushveld* here presents an endless world of medicines used by *Kafir doctors*, and no doubt many, if "proved," would be rendered useful to the world, more especially medicines for malarial fevers such as are met with throughout all Africa.

If I can collect parcels of medicines, would you like to try them, or do you know anybody who would?

I hope I have not trespassed too much on you.

I am, Sir, yours truly,

CHARLES DIXON.

Vaal River, Wakkerstroom, Transvaal,  
South Africa, Aug. 3, 1882.

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#### DR. POPE AND THE HAHNEMANNIANS.

SIR,—My friend Dr. Bradshaw is, I regret to find from your last number, rather hurt at some strictures I thought it necessary to make upon a few of the notions promulgated by certain homœopaths who style themselves Hahnemannians, and who seem to me to spend their energy in making Homœopathy appear ridiculous, and in denouncing all and sundry who are devoting themselves to its development.

That Dr. Bradshaw is one of them I do not for one moment suppose. He knows too well, for example, the extent of the resources of medicine and the exigencies of disease to withhold a bistoury from a ripe perineal abscess! His imaginative powers, great as they may be, have not, I am sure, led him so far astray as to induce the delusion that a tumbler full of water, exposed for a certain time to the light of the moon, becomes a powerful medicine when given in a "potency" labelled "CM." I cannot believe that in the face of the agonies arising from the passage of a gall stone, he would "compare the symptoms" with those of any drug, but he would, I am sure, procure that relief from sensation which, while the calculus is passing, must needs be painful, that an anæsthetic or an opiate alone can give.

Dr. Bradshaw is, I can assure him, quite in error when he supposes that I have got "riled" with the Hahnemannians, and so added a "thirdly" to my paper. I referred to them because I firmly believe that the utter absurdities, the ridiculous assertions, and the palpably

dangerous practices which are from time to time saddled upon homœopaths by men like Drs. Berridge, Swan, Skinner, Lippe, and others, are doing more to retard the progress of therapeutics than any thing else, while the claims to public confidence which these gentlemen make on their own behalf are "too, too, utter."

I am, Sir, your obedient servant,

ALFRED C. POPE.

London, September 4, 1882.

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### DR. N. WOOD ON HOMŒOPATHY IN INDIA.

SIR,—Mr. William Taylor, formerly Commissioner of Patna, has just published, in two handsome volumes, the romantic story of his public and private life, under the title *Thirty-eight Years in India* (W. H. Allen and Co.). It may interest your readers to know how heartily the author acknowledges the immense practical advantages of the homœopathic method of treating disorders.

At p. 132 of vol. ii. he says: "Not long after our arrival Mr. Travers left Arrah, and was succeeded by Mr. Edward Lantour, a friend to whom we owe our adoption of Homœopathy, which, both for ourselves, our children, and grandchildren, we have systematically retained up to the present day."

Now as the author elsewhere confesses to "forty grandchildren," the experience must have been pretty extensive.

At p. 167 of the same volume, Mr. Taylor makes the following statement:—

"Mr. E. Lantour had succeeded Mr. Travers as Collector of Shahabad; a very able and intelligent public officer, but famous, above all things, for his knowledge of Homœopathy, as I have before mentioned.

"The wonderful effects of the medicines which he distributed on the occasion of a serious outburst of cholera attracted the attention of all, and had the effect of entirely converting us to the system, which we have thankfully followed for the last thirty-five years, not only for ourselves, but our numerous grandchildren."

Yours truly,

NEVILLE WOOD, M.D.

10, Onslow Square, August 30.

## ARE THE HAHNEMANNIANS INTOLERANT?

DEAR EDITOR,—You are always so fair towards those with whom you differ, that it is a pleasure to discuss a disputed point with you. In your review of Dr. Pearson's address to the last meeting of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION, you compare it to the "Old Tory party." You, I believe, are, like myself, a Conservative in politics, and I accept the comparison. A Conservative is one who endeavours to maintain the noble traditions and honour of Old England, and who, while ready to accept any real improvements and developments which the age may require, refuses to make hazardous experiments, or to resort to lawless proceedings. So the Hahnemannians firmly fixed upon the practical teachings of HAHNEMANN'S *Organon*, while they endeavour to develop his teachings to the utmost, and penetrate still further into the realms of science along the path that he first opened for them, yet refuse to go back to the empiricism of Allopathy or the illogic<sup>1</sup> of eclecticism. But if the Hahnemannians are the Tories, the "physicians practising Homœopathy" must be the Radicals. Who then amongst them is their "Grand Old Man"? Is it the founder of Kiddopathy, or the re-founder of Organopathy, or the professor of the Hughesian system of medicine? Time will show. In the meantime aspirants for that distinction are respectfully reminded that the chief and all-important qualification for "Grand-Old-Mannism" is that he should be "a sophisticated rhetorician, inebriated with the exuberance of his own verbosity"!

Now you say that the Hahnemannians would do more for Homœopathy if they worked within the existing (pseudo) homœopathic societies. I must divide my answer, as the conditions here and in the States are different. First, in the States. I believe that all the members of the *I. H. A.* are members of their various State and county "Homœopathic" Societies, and nearly all members of the Central American Institute of Homœopathy. Nay, further; when our Association was founded, it was resolved that it should meet *at the same time and place as the Institute*, so as to avoid the appearance of schism, that our members might be free to attend both meetings without inconvenience, and in hope that we might gradually leaven the whole Institute. But

<sup>1</sup> I have coined this word, and think it expresses my meaning; I trust the *B. J. H.* will not be too hard on me for it!

this last hope, which we held to against what past experience had taught us, has been now destroyed. At the last meeting of the Institute it was "Resolved, that it is the sense of the A. I. of H. that no physician can properly sustain the responsibilities or fulfil all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided in the code of ethics of this Institute." In other words, that a physician may *profess* Homœopathy, and practise (as our American cousins say) "just as he darn pleases." After this, let none be surprised if at our next meeting we sever ourselves completely from these renegades and traitors. It is true that we should bear with the "weaker brethren;" but it is also true that the custodians of a truth may so far prove faithless, that if the command to the faithful may be "Come out of them and be ye separate, and touch not the unclean thing;" "Ephraim is joined to his idols, *let him alone.*"

Secondly, as to Great Britain. Do you wonder that we refuse to join the British Homœopathic Society? Rightly do you say that we "cannot feel happy in a society whereof the members ignorantly and insultingly proclaim the higher dilutions to be mere moonshine." But there is another cause. Several years ago one of our oldest and best Hahnemannians was a member of that society. The Philadelphia Homœopathic College conferred their *special* degree of M.D. on him, and further appointed him as Examiner of those in Great Britain who desired to hold a *Homœopathic* qualification, the L. H.<sup>1</sup> not having then been hatched. This honour was accepted by the physician in question in a letter published in the *Hahnemannian Monthly*, 1865, vol. i, p. 99; and in this letter he distinctly stated *that he should examine only those already possessed of legal qualifications to practise here.* What was the result?

Irish "Boycotting" was not then invented, and Sheffield "rattening" was impracticable, as he kept a big dog on the premises, which would have given a good account of any one.

<sup>1</sup> By the way, what is L. H.? Is it Little Help, or what? It certainly is not Legion of Honour, for the signers of the *Declaration of Principles* repudiate it. It cannot be Licentiate of Homœopathy, for it is not a licence, and there is precious little Homœopathy about it. In this it resembles the "Holy Roman Empire," of which Gibbon said it was a very good name, except that it was not Holy, it was not Roman, and was not an Empire. A sarcastic allopathic friend suggests that L. H. are the initial and final letters of "Lambeth," the source from which a very prominent promoter of the School obtained what he euphemistically calls his "registrable M.D. title."



who might have tried to burn his master's *Materia Medica*, or smash his case of high potencies! So the late Dr. Quin, the president, ungratefully ignoring the fact that this physician had previously saved him from professional destruction at the hands of a cabal then formed against him, and indeed saved the society itself from annihilation—Dr. Quin, I say, wrote him a letter, informing him that unless he withdrew from his new position, the society would have to adopt unpleasant measures, which, of course, amounted to a threat of expulsion. I regret that my friend did not allow them to expel him, and then bring an action against them; and I hope that even at this late hour he will publish Dr. Quin's letter, with the whole correspondence, and thoroughly expose the matter. As it was, he shook off the dust of his feet against them, and resigned in disgust. And now, some who are not aware of these facts, wonder that the Hahnemannians refuse to join such a trades-union. No; there are also other matters in that society which need alteration, but this stigma in special must be wiped off first. Let the society pass a resolution rescinding their former action, and reinstating this physician in his former position (should they forthwith make him Fellow and elect him President for the coming year, they would only do him justice, and atone for past insults), then his reunion with them would be followed by that of others, but at present we do not wish to unnecessarily expose ourselves to a repetition of the above or similar tactics.

One word more. You "have scant sympathy" with our "intolerance." Our intolerance is simply that we refuse to recognise as Homœopathy what is not Homœopathy, and that while making every allowance for the errors of beginners, especially when they are striving for greater purity of practice, we refuse to recognise as even honest physicians those who deliberately repudiate HAHNEMANN'S practical doctrines, and yet call themselves homœopaths. Even were I to admit with you that "our individual standpoint is the *law of similars*, and all who hold to that *law* we consider to be true and genuine homœopaths, whether they believe in other matters or not," I could bring grave indictments against the large majority of professing homœopaths. "Similar" means similar in every respect, in quantity as well as quality. How can the law of similars be observed by one who selects his remedy according to some pathological theory, or according to one objective symptom (*i.e.*, the name

of the disease), instead of observing the totality of the symptoms, especially the "*rare, striking, singular, uncommon and peculiar*," as HAHNEMANN enjoins? How can it be observed by one who mixes or alternates his medicines, seeing that our provings, the first factor in the homœopathic equation, were made with single medicines? How can it be observed by those who oppose crude drugs to the dynamic causes of disease? Even if we accept your broad definition, how many of our 268 *professed* homœopaths will be thereby qualified to assume this honourable title?

But with all deference to you, for whose opinion I have a high regard, and in whose friendship I greatly rejoice, I must demur to this definition. Suppose that you were to discover a new system of healing which you thought superior to that of Hahnemann; supposing you laid down a series of practical rules for carrying it out; supposing, since "the baby *must* have a name," you called it by a distinctive title, let us say "Burnettism;" supposing too that I found Homœopathy wanting, and that your new system seemed to me to supply its deficiencies; I then should be justified in stating that I believed in and practised "Burnettism." But supposing that I differed from some of your practical doctrines, and insisted upon substituting some of those which HAHNEMANN held, or perchance some of my own; I should be perfectly justified in doing what I thought best for my patients, but should I have a right to say that I practised "Burnettism"? Would you not be the first to protest against your system being handicapped with what was foreign to it, or shorn of what was essential to it?

Now if HAHNEMANN founded a system and called it "Homœopathy," logically "Homœopathy" can mean Hahnemann's system, and *nothing else*; and the doctrines of this system, with every possibility of future expansion and development, have been so clearly laid down for us in his *Organon*, that there is no excuse for ignorance. HAHNEMANN says (preface to *Organon*), "This Homœopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive (and *in that way only* serviceable), that as the doctrine is pure, so must the practice be also, and all backward straying to the pernicious routine of the old school (whose opposite it is as day is to night) is totally impossible, otherwise it ceases to deserve the honourable name of Homœopathy."

That some erring physicians who would wish to be considered homœopaths, engraft some, to them more convenient, allopathic bad practices upon their nominally homœopathic treatment, is owing to ignorance of the doctrine, laziness, contempt for suffering humanity, and ridiculous conceit, and, in addition to unpardonable negligence in searching for *the best* homœopathic specific for each case of disease, has often a bare love of gain and other dishonourable motives for its spring,—and for its result that they cannot cure all important and serious diseases (which pure and careful Homœopathy can), and that they send many of their patients to that place whence no one returns, whilst the friends console themselves with the reflection that everything (including every hurtful allopathic process!) has been done for the departed."

Let both Hahnemannians and eclectics ponder on these words of HAHNEMANN; and, in the meanwhile, to encourage the former, let me say that sixteen new members of the I. H. A. have been enrolled this year, of whom six—Drs. Arrow-smith, Bradshaw, Dunn, Mahoney, Walker, and White (the latter, alas! now deceased)—belong to Great Britain. At some future meeting I hope to see many more enrolled, and that the list will include the name of Dr. J. C. Burnett.

Yours truly,

E. W. BERRIDGE.

[When we undertook the editorship of this journal we defined our position as *the law of similars in therapeutics*; we still adhere to this, and we consider this the *only* platform on which *all* homœopaths can meet. We believe *differences of opinion* are the very salt of all healthy life, but there must be *some common ground*, and, for us, that is just the law of similars.—ED. H. W.]

#### ON SOME EFFECTS OF SNAKE-BITES.

DEAR SIR,—There is one effect of snake-bites which I believe has been seldom much noticed. I allude to the indurated swellings which form on the spot where the bite is inflicted. Some years ago a valuable mare of mine was lying on the lawn on a warm June afternoon, when suddenly she sprang to her feet, became extremely restless, looked wild and anxious, broke out into a dripping sweat, and staggered to the ground. We restored her with strong ammonia

applied to the nostrils, but in a very short time afterwards a large and very hard swelling, about a foot in length, formed on her breast where she had been bitten, which remained for a long time afterwards. I have also had three cases of poisoning by snake-bites brought to me for treatment, in all of which an extremely hard swelling on the hand was a prominent symptom, which lasted for several weeks, various applications notwithstanding. Were similar cases brought to me now I should be inclined to give inwardly *Lachesis*, or some other snake poison, as an antidote, and I would respectfully submit that this treatment should be thoroughly tried in future cases of snake-bites, and also *Hydrophobin* in cases of hydrophobia, *Syphilin* in cases of syphilis, *Varolin* and *Vaccinin* in cases of small-pox, and so forth. I have a firm belief, judging from analogy, that such treatment would be found wonderfully successful, and I much regret it has not been fairly tried, notwithstanding many little valuable hints which have been propounded from time to time in different quarters.

The extraordinary success accomplished (as it would seem) by the transcendentalists, in America, for instance, with infinitesimally high dilutions of *Syphilin* and *Glanderin*, tends to confirm this view.

I am, dear Sir, yours faithfully,  
F. H. M. B.

### OUR FORMULA.

DEAR SIR,—The following Greek line, of which I believe I am the author, *ὑποὶ ὁμοίοις ἐστὶ πᾶσι ἰδῶμα*, appears to furnish a suitable motto for the homœopathic mode of treating diseases. The one usually adopted, *Similia similibus curantur*, is not satisfactory, inasmuch as *curantur* can only mean "are treated." It should be either *curentur* or *curantor* ("let them be treated").

By the bye, I would gladly see, as suggested recently by one of your correspondents, a small portion of your valuable periodical devoted to queries and answers, and also to notes containing in a concise form useful hints as to the treatment of diseases, such as every practitioner must be able to furnish from his experience.

Is there any prospect of that valuable and handy little book of reference, Bryant's *Repertory*, undergoing a second edition, with additional matter, especially of the new Ameri-

can medicines? It is very highly praised by Dr. Dudgeon in his lectures on homœopathy, and I have myself used it constantly with great advantage for many years, and would gladly see a new edition of it, with additions.

I am, yours faithfully,

F. H. M. B.

Harrington Vicarage, Stamford,  
September 8, 1882.

## REPORTS OF INSTITUTIONS.

### MELBOURNE HOMŒOPATHIC HOSPITAL.

AN officer of this rising institution, now travelling in Europe for his health, has handed us the following report of their thirteenth annual meeting.

After the transaction of various business, the secretary (Mr. A. H. Padley) read the annual report, of which the following is an abstract:—

“The committee have much pleasure in presenting the thirteenth annual report of the Homœopathic Hospital to the governors and subscribers. The total number of patients treated during the past year was 1,756. Of this number 146 were treated in the hospital, and 1,610 outside. Number of in-patients cured and relieved, 132; deaths, 14; leaving in hospital at end of year 9. Total number of prescriptions dispensed, 7,909. These figures show an increase on previous years.

“By the balance-sheet submitted herewith, the receipts for maintenance are shown to be £1,108 1s. 8d., as against last year, £1,710 16s., and the expenditure £1,453 1s. 9d., as against £1,348 7s. 6d. last year, leaving a debit balance of £88 14s. 2d. at the end of the year. A glance at the items will show that the private subscriptions have increased by £36 4s. 7d., while the Government grant has been reduced by £150. The expenditure will compare favourably with former years, that for 1878 being £1,513 11s. 9d., with unpaid accounts amounting to £198 4s. 2d.; whilst for 1881 the expenditure was £1,453 1s. 9d., with only £29 of unpaid accounts. In the last report the committee expressed a hope that the bazaar in aid of the building fund of the new hospital would take place in the early part of the year. At

the annual meeting of governors the matter was taken up, and arrangements then made for holding a meeting to consider the best means for raising the necessary funds. The subject was fully discussed at a meeting of subscribers called for the purpose at Glen's music rooms, and after due consideration it was thought advisable to hold a Bruce Auction and Easter Fair, and a committee was formed to carry out the scheme. The Melbourne Cricket Club and the National Agricultural Society each very generously laid their respective grounds at the disposal of the committee, the Melbourne Cricket Club ground being chosen. The fair was opened by the Hon. Graham Berry, Chief Secretary, on Saturday, 15th April, and continued on Easter Monday and Tuesday, 18th and 19th April. The net results handed to the hospital by the committee of the fair were £544 8s. 5d. The committee, in order to show its appreciation of the services rendered by the committees of the fair and the Melbourne Cricket Club, invited them to nominate certain of their members to be appointed life-governors of the hospital. In reply, the names of the following ladies and gentlemen were submitted, who were duly appointed under the provisions of the bye-laws of the institution:—Melbourne Cricket Club—Messrs. H. C. Harrison, Tennant, and L. Mount. Bruce Auction and Easter Fair—the following lady stall-holders:—Mesdames Elms, Priston, Pleasance, Croft, Hildreth, and Günt. Following the Bruce auction, the committee waited upon the Chief Secretary (Hon. Graham Berry), with a request that a sum of £2,000 might be granted by the Government in aid of the fund for erection of new hospital. The Chief Secretary received the deputation very courteously, and, having expressed his sympathy with its object, promised, if possible, to accede to its wishes, the result to be communicated by letter. His promise was fulfilled by the sum of £2,000 being placed upon the estimates for the purpose, and this having been ratified by the succeeding Government, the amount is now made available. The committee feel that they cannot allow this opportunity to pass without again thanking the Hon. Graham Berry for the very kind manner in which he acceded to their wishes, both on the occasion of opening the fair and the matter of the building grant. The balance now in the bank to the credit of the building fund is £1,560 14s. 1d., and when the donations promised, but not yet collected, shall have been paid, the committee will have over £4,000 available for building, and hope to be able to erect one wing

and central administrative block at an early date. The sum of £257 0s. 5d. has been received from the Hospital Sunday Fund from the past year's collections, and this committee again sincerely acknowledge the valuable services rendered by the committee and officers of the fund, and tender them their heartiest thanks. Special acknowledgments are also tendered to Lady M'Culloch and the Scots' Church Convalescent Aid Society, donors of flowers, books, toys, fruit, etc., and to the medical staff."

The Chairman moved the adoption of the report and balance-sheet as submitted.

Mr. J. W. Hunt seconded the motion, and in doing so read a letter he as treasurer of the hospital had received from Messrs. Green and Lormer, the auditors, in which they stated they had pleasure in testifying to the neat and careful manner in which the books were kept by the secretary. He (Mr. Hunt) desired to make a few remarks about the building fund. When the last balance-sheet was published it showed a credit balance of £213, and now it was very gratifying for him to state that the credit balance was £1,560, to which they could add the £2,000 granted by the Government. The Government money had, however, been granted on condition that a like sum was raised by private subscription, and unless it was raised by the end of June the grant would be forfeited. In rough figures, they were £400 short, and he trusted before the expiration of the time the necessary amount would be raised.

Mr. C. Smith said the Building Committee had held a number of meetings, and had made some alterations in the plans previously brought up, as it was found that the accommodation provided was not sufficient. The Architect, Mr. Crouch, had slightly altered the plans, whereby the accommodation was nearly doubled, and they would now by erecting one wing with the centre pile be able to accommodate 50 to 60 patients. The cost of what they proposed to erect would be about £5,500; therefore it would be necessary for them to call on their friends to help them to raise the balance of the funds required.

The Chairman expressed his sympathy with the movement, and stated that it was necessary some steps should be taken to enlist the sympathy of the lovers of Homœopathy, and if their position was made public, some friends outside might assist with subscriptions.

The adoption of the report was then agreed to.

Votes of thanks were passed to the committee for their services for the past year, to the auditors, the medical and surgical staff, etc.

A letter was received from Captain Le Patourel, intimating that His Excellency the Governor had consented to become patron to the hospital. The letter was received, and, on the motion of the Chairman, His Excellency was unanimously elected patron.

The election of officers was then proceeded with, and resulted as follows:—President, His Honour Sir W. F. Stawell; vice-presidents, the Rev. John Turner and Mr. C. Smith; treasurer, Mr. J. W. Hunt; solicitor, Mr. F. M. Gibbs; auditors, Messrs. A. Green and R. Lormer.

A vote of thanks to the chairman concluded the proceedings.

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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DR. REED, SOUTHAMPTON.—We must decline to be in any way associated with your schemes.

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### BOOKS AND JOURNALS RECEIVED.

The Calcutta Journal of Medicine, June, 1882.

The Hertfordshire Mercury, August 12, 1882.

The Uselessness of Vivisection upon Animals as a Method of Scientific Research. By Lawson Tait, F.R.C.S. Birmingham: Herald Press, 1882.

Some Observations on the Therapeutic Use of Alcohol. By Alfred K. Hills, M.D.

El Criterio Médico. Tomo XXIII. Nums. 13 y 14.

Dietetic Reformer.

The Indian Homoeopathic Review, July, 1882.

Annals of the British Homoeopathic Society, August, 1882.

Boericke and Tafel's Quarterly Bulletin, August, 1882.

Revue Homoeopathique Belge, Juillet, 1882.

Medical Counselor, August 15, 1882.

Medical Tribune, August, 1882.



St. Louis Clinical Review, August, 1882.

Cases of Pericarditis with Effusion. By J. Hamilton MacKechinie, M.D., Physician to the London Homœopathic Hospital.

The Journal of Medicine and Dosimetric Therapeutics, September, 1882.

The Homœopathic Physician, No. 9.

Sur le Rythme de Quelques Médicaments. Par le Dr. A. Claude, Paris, 1881.

Therapeutic Gazette, No. 8.

The American Homœopath, August, 1882.

The Hahnemannian Monthly, No. 9.

New York Medical Times, No. 6, Vol. X.

Boletín Clínico del Instituto Homeopático de Madrid, Año II., Num. 8.

Bibliothèque Homœopathique, No. 12.

Dublin Journal of Medical Science, September, 1882.

Chemist and Druggist, Sept. 15, 1882.

New England Medical Gazette, No. 9.

#### CORRESPONDENTS.

Communications received from Dr. Ussher, Wandsworth; Dr. J. W. Hayward, Liverpool; Dr. Pope, London; Dr. Bradshaw, Worthing; Dr. Murray Moore, Auckland, New Zealand; Dr. Morgan, Cardiff; Dr. Berridge, London; Dr. Neville Wood, London; Dr. Drury, Bournemouth; Dr. Shuldham, London; Medical

Student; Mr. A. Murray, Stornoway, N.B.; The Secretary, London Homœopathic Hospital; R. Bailey Walker, Esq., Manchester; Dr. Reed, Southampton.

### The Homœopathic World.

#### CONTENTS OF SEPTEMBER NUMBER.

##### LEADING AND GENERAL ARTICLES:—

- Parasitic Consumption.
- Bacteria in Tubercles.
- Pharmacological Fragments: Collinsonia Canadensis.
- Clinical Cases.
- Morphine Poisoning.
- Notes by the Way.
- The Teaching of the London School of "Homœopathy."
- A New Cough Repertory.
- Drugs that Cause Acute Glaucoma.
- Case of Chronic Diarrhoea of Twenty Years' Standing Cured by Jalap.
- New Articles.
- Address on Homœopathy by Hon. Montgomery Blair.
- Coffee Concoctions—and How to Make Them.
- Wheat-Meal Bread.
- Grindelia Squarrosa.
- Personalia
- The Treatment of Burns and Scalds.
- Rhus Tox. Poisoning—Two Cases.
- The Hahnemannian Lecture, 1882.
- Legacy to the London Homœopathic Hospital.
- Dr. Talbot's Statistics of Homœopathy in America.
- A Dermatological Drama.
- Abies Nigra: Clinical Experience with.
- Propylamin in Rheumatic Fever.
- Lappa Major—Culpepper, 1750—Jones, 1882.

##### LITERATURE:—

- The Duties of the Hour.
- Causeries Cliniques Homœopathiques.

##### CORRESPONDENCE:—

- Letter from the Editors of the "British Journal of Homœopathy."
- Mechanical Vibration as a Therapeutic Agent.
- Dr. Bradshaw on Pseudo-Homœopathic Teachings.
- The Case of Pemphigus in the London Hospital.

##### REPORTS OF INSTITUTIONS:—

- Report of the Devon and Cornwall Homœopathic Dispensary.
- New York Homœopathic Medical College.

With the Scalpel.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

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NOVEMBER 1, 1882.

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## QUICUNQUE VULT.

THE answers to the question, Who is a homœopath? must depend upon the answers to another question—viz., What is Homœopathy?

Our readers must, we doubt not, be often a little puzzled when they read the various contributions to our pages, and find, apparently, how little charity exists in the ranks of homœopathic practitioners towards one another's views, as evidenced by the taunts that are levelled against some of our most prominent men by their co-homœopaths.

But if our readers will bear one or two fundamental facts in view, they will readily perceive that things are not so bad as they look, for there are various kinds of homœopaths, each variety being in their own estimation the only true and genuine.

This is not at all remarkable, and is rather an evidence of our vitality—the higher the development the greater the diversity. We make these and the following remarks in order once more to define the platform of the *Homœopathic World*, and also to remind our readers generally that when they read in our pages, or elsewhere, that such and such professed homœopaths are no homœopaths at all, they are usually to understand that this really means that the abused one does not pertain to the *party* of the abuser.

To put the thing systematically, it stands about thus:

There is the *genus homœopath*, and the genus is divided into *many species*.

All homœopaths agree on one point—viz., that likes may be cured by likes, and that, as a general rule, in the drug-treatment of disease, this law of similars is the best and safest guide for the physician to follow.

This is the platform of the *Homœopathic World*; it is the one cardinal point on which the whole thing hinges. Every physician who holds to the law of similars is, in our opinion,

a homœopath, and if endowed with manly feelings, should openly declare himself, in order to testify to the truth. His name should be found in the *Homœopathic Directory*, in order thus to openly testify to the truth, and thereby to strengthen us and help in the cause of Homœopathy as much as in him lies. No believer in the law of similars who carries out his belief in practice to the best of his knowledge, should be deterred from thus offering his public testimony by any fear of being taunted with this or that by differently-thinking colleagues, whether homœopaths or allopaths.

We do not subscribe to the statement that a homœopath is bound by the *other* teachings of our great master, Hahnemann, for Homœopathy is not Hahnemannism, though Hahnemannism includes Homœopathy. A homœopath is not necessarily a Hahnemannian, but a Hahnemannian *is necessarily* a homœopath. Had Hahnemann named his system Hahnemannism, of course it would be otherwise. The essence of Homœopathy is *the law of similars in therapeutics*, and that is the platform of this journal. This, our law, is as clearly demonstrable as any other natural law not admitting of exact mathematical demonstration, and it is the nearest approximation to an exact science of therapeutics thus far revealed to the world by its all-wise Creator and Ruler.

The advantages of keeping to the law of similars as the essence of Homœopathy are manifold and manifest, and we merely make this formal re-statement of our position to avoid misconception.

When a man has accepted the cardinal law of Homœopathy—*similia similibus curantur*—he is soon confronted with half a score of most interesting questions, and according as he accepts, or rejects, this or that he will group himself under one of the *species* of homœopaths. Let us pass a few of these under a rapid review.

Hahnemann at first gave comparatively large doses; he then gave less and less till he came to the doctrine of dynamisation; he was a homœopath all the time; at first a crude-drug homœopath; then a low dilutionist, then a medium dilutionist, and finally a highish dilutionist. Now homœopaths all over the world are in point of dose divided into these four different classes, and there is a fifth, the broad dilutionist, or omni-dilutionist, and, again, a sixth, the ultra-Hahnemannian transcendentalist. Thus we, individually, hold that the dilutions may ALL be used in homœopathic practice, or the crude substances themselves without

any diluting at all, but the longer we practise Homœopathy the greater is our respect for the higher dilutions when the strictest bio-pathological simillimum has been found, and we believe there are cases in which they alone will cure. But we consider the dose question as still not only open, but *wide open*.

Then there is Hahnemann's tripartite pathology—psora, syphilis, and sycosis; some homœopaths accept these, the master's teachings, and some do not. They are homœopaths whether they do or not, but if they do not they are not Hahnemannians. Individually we find this tripartite bio-pathology of *great* practical utility, and we hold that it is a close approximation to nature's pathological workings. Absolute scientific truth we think it is not, for there is a metaphysical dash about it, and it lacks in scientific definiteness.

There are, again, the Grauvoglian homœopaths, the Schüsslerian homœopaths, the Swanian homœopaths, the nosological homœopaths, the specific homœopaths, the transcendental homœopaths, and so forth. But there is *one* platform on which they *all* meet, and that is the law of similars, and this constitutes our *quicunque vult*.

As to which party, or species, of homœopaths is the best, and as to all the various teachings of Hahnemann, our pages are open for their discussion and for their teaching. We welcome contributions from all sides, and try to be fair and impartial, believing firmly that in the end the fittest amongst us will certainly survive in their teachings, while the less fit will drop into the Lethe of time. So far as we at present see, the future development of Homœopathy will be in the direction of the *essential pathological simillima*, traced along their various stages, and of the *infinitesimal doses* when the degree of similarity nears the borders of the identical, and then the *infrequent* dose will, probably, be a necessary corollary.

And the incorporation of the nosodes into our *Materia Medica* marks, in our opinion, an advance in Homœopathy, the sneers of the ignorant and prejudiced to the contrary notwithstanding.

## THE SEARCH AFTER TRUTH.

By WILLIAM V. DEURY, M.D., M.R.I.A., President of the British Homœopathic Society.

(Concluded from p. 448.)

MODERN research is everywhere opening up new fields of investigation, in which much truth may be learned. But has the time come for founding systems as if they were undeniably true, on the facts and suppositions that are brought before us from day to day? Embryology is a new study, but already men are jumping to conclusions that they may have soon again to give up. Is this likely to advance truth? I would recall the admonition, "Prove all things, hold fast that which is good."

Let us see how some of these discoveries affect us.

The changes that occur in certain forms of animal life, and these influencing disease, become of importance. Thus the fluke causing rot in sheep, and existing at one part of its career in snails and slugs, is a truth that it is well to know, and may yet be turned to practical account.

Again, the discovery of new forms of microscopic life, capable of inducing disease, leads to greater care. The discovery made some years ago that fermentation was due to vegetable life, has been followed by the recognition of the fact that the germs of animal life floating in our atmosphere may give rise to unhealthy action when they come in contact with open wounds. This knowledge led Mr. Lister, then of Edinburgh, to seek for some means of destroying these germs, and on this his famous antiseptic treatment is founded.

The *Bacillus Anthracis* it is now known produces splenic fever, communicable to man (the wool-sorter's disease). Cattle inoculated with matter containing the *Bacillus* are found to be protected from the disease.

Koch, of Berlin, has shown that tubercle owes its origin to a form of *bacilli*, and that he can produce tubercle in animals. All this is leading towards inoculation as a preventive remedy, but as it is a dangerous one to experiment with, we can hardly see as yet what practical truth may be developed from it.

I would guard myself from being supposed for one moment in this to say a word against vaccination. I do not like compulsory vaccination as at present carried out, but of the blessing that inoculation first, and latterly vaccination, has been to mankind, I have not a shadow of doubt. It is hard

to say in what direction knowledge is not advancing, and curious facts coming under our observation. Thus it has been for a long time recognised that trees may be attacked with diseases akin to those affecting animals, such, for example, as ulcer and dropsy.

In searching for truth many pitfalls lie around us; one that I would especially say a word of warning about is the being led astray by a great man. Few men are great "all round," but the more we admire the brilliant genius of any man, the greater the risk of adopting his errors. It is very noticeable in politics, it is equally so in religion, and if a great man goes wrong what a number are apt to follow in his wake; hence narrow views, and sectarianism. Medical men are no exception. One man sees something of the same disease in every case he meets. Another wages war against some particular food; another always orders it. But let some leader order patients to a particular locality, and then up springs a host of imitators; yesterday it was a warm dry climate, to-day it is up in the mountains—the wonder is we have not got a limited liability company for an hotel on the summit of Mont Blanc. It is in medicines that fashion is so much followed. A drug that every one is taking at one time will after a run be neglected and then almost forgotten, simply because instead of being given in selected cases it is administered indiscriminately.

This does not advance truth, and is a great evil in allopathic practice; happily it is one but little felt where medicines are selected in accordance with the homœopathic law.

It is interesting to notice how error in one direction will retard the growth of truth in another.

I have alluded to the Babylonians as learned in astronomy. In many ways they were a great nation. Under great difficulties they formed libraries. To convey their ideas they used the cuneiform or wedge-shaped characters. These were stamped upon clay tablets that were afterwards hardened by fire. Learned men of the present day are getting to know much more about this people by deciphering their writing. Notwithstanding their greatness in some things, they had a degraded form of religion which was an effectual barrier to anything that would emancipate the mind. Their knowledge of medicine suffered as a natural consequence. Sorcery and witchcraft, with all their abominable superstitions, took the place of what was true and good, and portents and omens were their guide in difficulties. Thus we read in the prophet

Ezekiel, xxi. 21, "For the king of Babylon stood at the parting of the way, at the head of the two ways, to use divination: he made his arrows bright, he consulted with images, he looked in the liver."

To some minds charms and occult ways have an attraction, but where truth runs counter to these, as it must do, it can make no growth till they are cast aside. In the history of Greece and Rome we find there were some men who strove to free themselves from the superstitious belief of the multitude. What happened in religion most probably happened in medicine, for we find some progress made. The names of Hippocrates, Dioscorides, Celsus, Galen, Aretæus, and others, stand out as luminaries lighting up a dark sky, but they lacked that collateral knowledge, and appliances that we have in modern days, which retarded their advance.

The discovery of the circulation of the blood gave a great help to surgery, but it is not until we come close on our own time that many of those aids that we are now perfectly familiar with were discovered. Laennec, wishing to hear the sounds of the heart in a case where he could not conveniently apply his ear, rolled up a sheet of paper into a tubular shape and used it to hear through; this led to his introducing the stethoscope in 1816. It rapidly came into use, but perhaps by none was it turned to better account than by Louis and Stokes. Mistakes have been made with this instrument, but that is the fault of the individual in not understanding better what the stethoscope conveys to him.

Akin to the stethoscope is the thermometer, which tells us some most important truths about disease. Indeed its value cannot be overrated. It was long suspected that the thermometer might tell us much, but it was not till an instrument was constructed that could be taken away from the patient and read at leisure, that what it was able to teach could be turned to good account.

The sphygmograph is one of the latest inventions, and is on its trial. Our colleague, Dr. Dudgeon, has constructed one of these instruments that has, I believe, met with a considerable amount of approval.

Other instruments for aiding diagnosis have been introduced, some that have been of much use, and some that are capable of being very mischievously applied.

The microscope has been considerably improved, and has taught us some truths relating to minute anatomy and diseased structure. It was in this city that the first lectures connected

with this instrument were given by Dr. Hughes Bennett, a course I attended, and where I had the advantage of making the necessary demonstrations for the lectures.

The discovery of the use of ether as an anæsthetic by Mr. Horace Wells has been the means of relieving an enormous amount of human suffering, and has been of immense help to surgery. The extended application of chloroform by the late Sir James Simpson has also been a great boon to suffering humanity.

Some great surgical truths have been brought to light, and operations are now daily successfully performed that but a very short time ago would not have been undertaken without the greatest trepidation. I allude to ovariectomy. Another class of operations, where the peritoneal cavity may also require to be opened, may be found less formidable than is thought, if they be performed sufficiently early.

Still, with all the advances of modern days, a want has been felt of some system that would at once place the practice of medicine on a scientific basis.

No ordinary practice of medicine supplies this want. The symptoms of a disease, and the course it is likely to run, may be given accurately, but as to any fixed rule to guide the treatment, there is none. The only approach to unanimity is where specific remedies are used, such as *Quinine* for ague, *Opium* for delirium tremens, etc., but a satisfactory explanation of how these act is wanted, and their usefulness in the cases in which they are given is no help as to how they should be used in other forms of disease.

The late Dr. George Gregory's practice of medicine was the standard authority till it was superseded by Sir Thomas Watson's some thirty-five or forty years ago. I once asked Dr. Gregory to allow me to issue a new edition of his book, bringing it up to the requirements of some thirty-two years ago. He very wisely said no, that his book would show what the practice of medicine was in his day, and he would rather leave it so. Sir Thomas Watson's book, followed by Aitken's, were great improvements on Gregory; they marked a great step forward in improved knowledge of disease, but made no approach to a sound therapeutic law.

Dr. Hodgkin's book on the mucous and serous membranes was an attempt to improve our knowledge of disease, and was followed by Billing's "Principles of Medicine" and Alison's "Pathology and Medicine." But all these, though clearly pointing to the great want that was felt, and though



much appreciated by thoughtful students, failed, as Watson's and Aitken's that came out after them did.

Dr. Hughes Bennett's book was a good attempt in a new direction, but like all the others, it merely helped in making us better acquainted with disease, but the same want of a true law to guide in the administration of medicine showed that it was no real advance, and already the book is dropping out of memory.

The want I speak of must have been often sorely felt by searchers after truth, and by none more keenly than by Samuel Hahnemann, a native of Meissen, in Saxony, who, practising towards the close of last century in the neighbourhood of Leipsic, felt so dissatisfied with the unscientific condition of the practice of medicine that he thought of abandoning his profession. Having, however, to provide for the wants of his family in "the battle of life," he had to use his brains to obtain his daily bread. At this time he was asked to translate Cullen's "*Materia Medica*" from English into German, and reading there an account of the action of Jesuit's bark, or *Cinchona*, in ague, he asked himself the question, why does this medicine cure ague? Not knowing how to answer his own question, he resolved to try and find an answer. Happily he sought in the direction of noticing the effect of *Cinchona* when taken in health. To his surprise, he found it produced symptoms similar to those it was said to cure. Further investigation showed him that many remedies reputed as cures for different diseases were apt to produce symptoms similar to those they cured. He had found the key that fitted the lock, and the discovery of Homœopathy, or like curing like, in the treatment of disease was the result.

It must not be expected that every healthy person taking bark will suffer from symptoms of ague; some may suffer instead from severe congestive headache or other symptoms; medicines do not affect every one in exactly the same way. So, likewise, a number of persons may drink impure milk or water, only a certain number may in consequence suffer from typhoid or a choleraic attack.

When Hahnemann made his great discovery known it was received with coldness, and is to this day rejected by the larger portion of the medical profession, who still experience the want, the remedy for which is within their reach. It reminds me of what was told at a revival meeting. A ship arrived off the coast of South America in great distress from

want of water. Meeting another ship, they mentioned their want; the reply was, "Lower your buckets into the sea." They did so, and found they had abundance of what they wanted around them; they were in the track of the mighty Amazon, whose waters are carried out a long distance before they mingle with those of the ocean. Had Hahnemann rested content with the discovery of "like curing like," "*similia similibus curantur*," his doctrine might gradually have made its way, as there was nothing in it to shock the prejudices of medical men. But he laid down a rule that only one medicine should be given at a time. This was not unreasonable, but finding that medicines given in ordinary doses were very apt to produce a group of fresh symptoms while they cured others, he tried the effect of giving smaller doses, and found he lost nothing by so doing. Those who have felt uncomfortable effects from taking *Iron* for some time, or who have taken much *Iodine*, or been salivated by *Mercury*, or had their skin permanently discoloured by the action of *Nitrate of Silver*, can bear testimony to the fact that medicines can do harm as well as good, and if, unhappily, the harm follows and not the good, as sometimes happens, the giving the smaller dose would be an undoubted advantage.

Once Hahnemann found a small dose answer, he was led on to make a further reduction, and see how small a dose would cure. An allopath may at once exclaim, "I cannot believe in this, because I know a certain quantity is needed to produce a certain effect. I cannot induce vomiting with less than a given quantity of *Ipecacuanha*." That, I may say, is perfectly true, but you forget our medicines are given on a totally different principle. I do not want to induce vomiting, but I want to allay the sensation of sickness, therefore I give a medicine that I know would produce vomiting in larger doses, and by so doing I hope to remove the feeling of nausea. And it is simply because illness exists that my small dose acts; it has something to deal with, to which it is hostile. Did this not exist, my dose is so small that it would not be likely to produce any deleterious action.

Hahnemann did reduce his doses so much that I think the greatest allowance ought to be made for those who opposed him. In our day it is different. Things are now accepted as truths that, if believed in formerly, would have made those who let their belief be known candidates for lunatic asylums.

I need not repeat what I have already said about spectrum analysis and other discoveries of our day, but in the face of these what Hahnemann taught about the small dose ceases to be so strange. The simple question at issue is, do the small doses act curatively or do they not? Thousands of witnesses assert that they do, but thousands of witnesses may believe an untruth; it has been so, and may be so again. We, however, do not rest on mere assertion; we ask our professional brethren to come and judge of these things for themselves. They can witness our treatment in hospitals and dispensaries, and where it can be done I am sure my professional brethren would gladly let an inquirer see something of his private practice. Where those who oppose us hear of cholera, pneumonia, and other serious diseases being treated successfully, they lose a golden opportunity of not seeing for themselves whether this is so or not.

Still, I think every allowance should be made for our opponents. We know how hard it was for ourselves to accept what Hahnemann taught; we know that he was not infallible, and that some of his utterances may have been too hasty, though of his general principles we may have no question. We know that in our own body there are divisions; that the very small dose is looked upon with disfavour by some, while those who give the larger doses are very strongly condemned by the small-dose men. I may be pardoned for giving my own experience in this matter. I have seen extraordinary results from the small dose; I have seen most gratifying results from larger ones.

At one period of my career my leanings were in favour of the small dose. I tested it fairly, and was satisfied with the results. When suffering severely from illness contracted from a child that died of diphtheria, I was treated with the most minute doses, so that in this I gave hostages for my convictions. As time rolled on I saw the difficulty that existed in connection with the small dose. A long time was often needed in the selection of a remedy. Some of those who used the small doses went to great extravagances, and things were done that unnecessarily tried the faith of some. Then, again, there was the danger of not having the confidence that was needed in the way the medicine was prepared, for however upright and careful the head of a pharmaceutic firm may be—and I am proud to say that among our chemists there are men of probity and worth in

whom we can place the fullest confidence—yet, as any dereliction on the part of a subordinate, either in a homœopathic or allopathic pharmacy (and we know that others may suffer as well as ourselves), may be followed by serious consequences, it is better to avoid the risk of such as much as possible. Preparing our own medicines, or having a guarantee that they are prepared by the heads of firms, ensures safety. But if the same results can be obtained from less highly diluted medicines, the patient, the chemist, and we ourselves are gainers. Anxious to settle this question for myself, I tested different strengths of medicines over a long period of time, and was so far satisfied with results, that though I might in the case of some medicines use them more highly diluted than others, yet on the whole I was quite satisfied with the results obtained from medicines approaching tangible quantities, ranging chiefly from 12x or 6 to 1x. I speak of 12x, but according to the rule in the *Pharmacopœia* this should be 6. I should have been glad to have made it 12x in our new edition, but the rule having been adopted it was thought better not to change again. Let me say here that adopting such doses did not lead me to run down the higher dilutions, or say that in the hands of a man like my friend Dr. David Wilson they may not produce great results. But to follow those who carried high dilutionism to the lengths some in this country and some in America had done, I was not prepared to go at any time.

Unhappily for the success of Homœopathy, the globule was introduced, and became an abomination to medical men of the old school, and a strain on the belief of the public. It was a mistake. Not, let me at once say, that the globule may not do all that the pilule may do, and I would rather take it than some of the allopathic parvules that are being introduced, but as it was a barrier to the advance of Homœopathy it would have been far better to have used powders saturated with tincture as the globules are. It is well, however, to remember that in spite of the objections to the globule, the greatest advance that Homœopathy has seen was made while it was in use.

Some of our body made a mistake in crying down tinctures, forgetting, I think, the great secret of what must ever lead to a successful practice, the selection of the right medicine. Admirable cures have been effected by tinctures, pilules, and globules. And as the globules all contain

tincture, no man should have been blamed for using which he pleased.

I must now come to a question of the day, the antagonism between practitioners of Allopathy and believers in Homœopathy.

The size and form in which our medicines are given is open for every man to deal with as his judgment may lead him to decide upon doing. The real question at issue is one of simple belief. I claim the right to believe that medicines given on the principle of like curing like is a grand truth, and the safest rule to guide us in their administration. I do not deny that medicines given to effect a certain object, as *Opium* to procure sleep, a sudorific to induce perspiration, an expectorant to relieve cough, and such like, may effect a cure by directly counteracting some symptom that is giving trouble—in short, that by an alterative action of some kind, good may result, but that acting on these lines there is much of guess-work, that the great part of a man's knowledge must be acquired by personal experience, and that in difficult cases he has nothing to steer by. For holding this belief and exercising the right of private judgment, which every medical man should contend for, I am shut out from societies, I am refused to be met in consultation, and if it were possible I would be shut out from the practice of my profession. Well, gentlemen, we have survived, notwithstanding this treatment, and will, I trust, continue to do so. I quite admit that we may at times be inconvenienced by the opposition we meet with, but rest assured so long as we practise our profession honourably and fairly, we are on the winning side. Our numbers are augmenting, our practice is adopted without acknowledgment, and the bitterness of former days is greatly lessened. Many men refuse now to be parties to that illiberal feeling that was once so common. A few opponents have still, it is true, much power. One or two men in a town can exercise a considerable influence over others who do not share that ungenerous spirit that animates some men of small minds. A threat from one of these little men to write to the *Lancet* to complain of some colleague who has shown some sympathy with us has not yet lost its power, though it is gradually decaying, and the day has assuredly gone by when any large measure of illiberality could either be carried or desired by the

majority of the profession. It is gratifying to know that at Worcester and elsewhere men have been found to rise superior to any unworthy effort, to dictate to them as to the action they should adopt towards us.

Now let me say a word as to our position. If any man adopts a name to enable him to work his way into practice, he is doing what is wrong. The British Homœopathic Society and the heads of our branch of the profession, that hold the belief in the law of Homœopathy, have objected most strongly to any one putting the word homœopath on his door-plate. We claim to be physicians, and to be at liberty to adopt any treatment we think best for our patient. So long, then, as we pursue this line of conduct, we are practising our profession fairly, and if, doing this, others choose to act unfairly towards us, they are the greatest losers, for they expose themselves to the charge of acting from unworthy motives.

Errors have been committed, and rash words uttered by some of us. I have preferred giving up a patient to allowing him to have his own way about taking some auxiliary medicine. I should do so still if there was any attempt to dictate to me, but I would avoid running counter to the wish of my patient in a matter concerning his comfort unless I felt I was doing him a positive injury by letting him have his own way. Again, if I believed I could benefit my patient by the administration of a drug, homœopathic or not, I should hold myself free to use it.

Some may go much further than others in this, and I should be sorry to restrict any man's freedom, but I feel assured that any one who fairly understands and believes in the homœopathic law, will think twice before he departs from it. Even in such a case as giving opiates to relieve pain, he will weigh the question whether he may not be purchasing temporary relief at too high a price. A man must act in such a case in such a way that he has a clear conscience.

Some years ago I treated a case of ranula of some standing with *Mercurius*, under which treatment it disappeared. Recently I saw a case where it was not large or of long duration. I had not lost faith in *Mercurius*, but I thought that by applying *Nitrate of Silver* I would obtain the result I desired more expeditiously. I therefore used the caustic. The following day the size was lessened, and in a short time it disappeared. In former years I should

have hesitated about departing from homœopathic treatment, but, expecting a result, I felt justified in acting as I did.

Our body is somewhat agitated at this time as to the retention of the name by which we are known. Some are charged with wanting to give it up. I know no one who wants to give up the word Homœopathy. I do not know one that does not boast that he is a believer in it. It is the very ground on which we stand—it is identified with our hospitals, our dispensaries, our literature, and our school; therefore, as describing our system, it must be retained; but this expression of my belief does not compel me to give up my title as a physician, and adopt a name that makes me a sectarian. I write M.D. after my name, not homœopath. I think if this question is separated from party feeling, there need be no real difficulty amongst us about it. If I am called a homœopath, I will not quarrel with the man who, for convenience to himself, so describes me. If I am asked about my medical belief, I do not designate myself a homœopath, but I say I am a believer in Homœopathy.

I may be asked, How are consultations to be carried on between ourselves and those who do not believe with us? I answer, Precisely as they are at present. Two allopaths may be diametrically opposed to one another. If they cannot arrange as to treatment, the difficulty is stated to the patient or his friends, who usually decide in favour of the man in whom they have most confidence. Medical men generally have some voice in the matter when a consultation is proposed, and naturally suggest the name of a man with whom they can agree. If the consultation is merely for diagnosis or to settle some question of surgical interference, it matters not so long as a good man is called in.

I feel satisfied that by acting courteously and fairly towards our professional brethren, many difficulties will be smoothed over. Above all things I would urge my younger brethren, when called in after another man has been in attendance, be he of our own way of thinking or the reverse, to avoid finding fault with past treatment, or insinuating that, if called in earlier, so much more might have been done. There is a temptation to do this. I regret to say it is often yielded to. It is ungenerous and unwise. Ungenerous because the effort is made to elevate self at the expense of another's discomfiture, and that where the man is no longer in a position to give any explanation; it is unwise because his position to-day may be ours to-morrow.

Even where conscious that a man has made a positive mistake, let us correct it as far as we can, but say as little to his disparagement as possible; we should remember the injury we may do him, and that we are not infallible, and that some of the greatest men in our profession have made some very serious mistakes. In all these matters let us do to others as we would be done by.

The treatment adopted by the rival schools is not so great as it was formerly, there has been a drawing together. I would rather, however, see our opponents drawn to us, than we to them. We are guardians of a great truth; we cannot afford to return into error.

Dr. Sidney Ringer, Dr. Charles Phillips, and others, have wisely introduced many homœopathic remedies to the notice of the profession; it would, perhaps, have been fairer if they had said where they got their inspiration from, but they might not have done so much good. And while believing much that we do, they may not believe enough to justify them in casting in their lot with us; indeed, Dr. Charles Phillips is a deserter from our ranks; but where a man has doubts and misgivings it is better for him to withdraw altogether as he did than hold an uncertain position. As an illustration of how our weapons are borrowed, I may quote from the *Lancet* of August 12th, under the heading, "Hydrophobia treated successfully with *Aconite*" (of the case having been hydrophobia I have more than doubts, but that is not to the point). The writer claims Dr. Ringer's support in the following words: "To substantiate what I have just said" [as to how *Aconite* acts] "I cannot do better than quote a few examples from Dr. Ringer's text book. He says that one drop of *Tincture of Aconite* given at bedtime quiets the distressing fidgets of men and women, and causes calm and refreshing sleep." If the author of the paper will go back to the writings of Hahnemann, he will there learn from the original authority this same fact about the action of *Aconite*.

If these men to whom I allude see some of our defects, it may also be urged as an excuse for their not belonging to us.

As lovers of truth you will not blame me for the admission that there are defects that ought to be remedied. As in religion, so in medicine—we should seek to go on to perfection. This may not be attainable in this life, but it is a grand thing to strive for; it keeps alive hope, and elevates and ennobles our thoughts.



One cause of our failure is that there are a class of cases that are not amenable to any treatment except palliative; these are cases of organic disease. Whether the discovery of *bacilli* as a cause of phthisis is to lead to some great therapeutic discovery that may enable us to remove the cause and so prevent or check diseases that have hitherto baffled us, has yet to be seen.

We are blamed at times from the failure of an individual. A wrong diagnosis, a failure to select the right remedy, are not faults of our system, and are such as we share in common with our opponents. But let us look at what may be improved.

We depend upon our *Materia Medica* and our *Repertories* for information about our medicines; the pathogenetic action of drugs when taken by persons in health, and clinical observation, being the sources from whence these are supplied.

In making our provings, or ascertaining the pathogenetic action, great care is needed that only genuine medicinal symptoms be noted down, and not those arising from some accidental circumstance. To guard against this danger a symptom should be repeated in different provers, or be different times removed by the medicine that has been believed to produce it, before it can be accepted as reliable.

Where symptoms appear to yield to treatment, and in so doing acquire a position as clinical symptoms, to be recorded to the credit of the medicine given, a thorough knowledge of what may be called the natural history of disease is necessary to prevent what may be an improvement to be looked for at a certain stage of the illness being attributed to medicine instead of the real cause.

When our symptoms are fairly recorded, and we look to our repertories to enable us to pick out the medicine suitable for some case of illness, we usually try to select some prominent, or key symptom, to guide us aright; thus, for example, a patient may be suffering severe pain from peritonitis, which he describes as pain like cutting with knives. I then find that *Sabadilla* has this as a prominent symptom. Led by this, I shall most probably find that the rest of the symptoms fit in well with this medicine. Not that it is necessarily the best in peritonitis, for you are all too well acquainted with the action of *Aconite*, *Belladonna*, *Bryonia*, and other drugs not to know that our choice is by no means a limited one.

In Hahnemann's time, and for long after it, the means that we now have of investigating disease were unknown. The stethoscope, the thermometer, the laryngoscope, and the proper use of chemical agents, as well as the microscope, were either unknown or comparatively useless as applied to the study of disease, therefore our early provings are entirely deficient in the knowledge to be derived from these helps. Hence arises the necessity for new provings. I am happy to say that the British Homœopathic Society and the Hahnemann Publishing Society are quite alive to this want, as well as to the necessity of excluding all untrustworthy matter from our early provings. As both societies are actively engaged in this direction, let me hope that before another Congress meets each society shall have some substantial work to show. It is to be hoped they will not forget a point that troubles our friend Dr. Allen—the proper pronunciation of the names of our medicines. Is it *Gelseminum* or *Gel-se-minum*? *Podophyllum* or *Podo-phyllum*?—reminding one of the famous trial in Edinburgh of "*Syme versus Lizärs* or *Sym versus Lizärs*," as one of the counsel put it.

I have alluded to our societies, let me say a word about them. When I had the honour of being secretary to the British Homœopathic Society, I had great difficulty in persuading some of our country friends of the advantage of belonging to such a society. If they did not get what they thought was a penny's worth for every penny of their subscription, they thought the subscription ought to be reduced. Well, what has the Society done, besides serving as a great central rallying-point for our branch of the profession? It has published several volumes of its annals. It has published two editions of its "*Pharmacopœia*," which have succeeded so well that a third has been called for, the editing of which has been entrusted to my care, and which edition is now, I am happy to say, on the verge of completion, the body of the work being finished and the appendix far advanced. I have to express my grateful thanks to Mr. Wyborn, who has done the lion's share of the work; also to my colleagues, Dr. Hughes and Dr. Burnett, for their valuable aid—thanks that I am sure the Society and the profession will gratefully accord to these gentlemen.

Then again, owing to the sound financial position in which the Society is, it has been enabled to help the sister society, the Hahnemann Publishing Society, largely, so that

they have been able to issue the magnificent edition of Hahnemann's *Materia Medica Pura*, which, I may say, serves also as one of the many monuments of the untiring industry of our friends, Drs. Dudgeon and Richard Hughes. I have alluded to the other work that is before these societies. I can only hope that every member of our profession will see that his name is enrolled as a member of one or both of these societies.

I have endeavoured, very imperfectly I fear, to touch on some of the great truths of our day, including the one that has brought us together. Like most great truths, it has been met with opposition by those who should have hailed it with gladness; in spite of this it has spread over the whole civilised world. In America, where it has had but few difficulties to encounter, it has grown rapidly, as its colleges, professors, and extended literature testify. In this country its growth has been somewhat retarded, as its prejudiced adversaries have had powerful auxiliaries in the red-tapeism and fossilised regulations that so often stop progress in our land. Still it has grown, and nearly all our large towns are to some extent provided with medical men who practise in accordance with the homœopathic law. Unhappily there are not enough men to supply the need of the smaller ones. It is the maxim in political economy that a demand creates a supply, and in this case the rule would no doubt hold good, but the training of our students being in the hands of those that are unfriendly to our system, they can indoctrinate the young beginner in such a way that he finds it very hard to run counter to the teaching of a man he has learned to look up to.

Among all classes of the laity Homœopathy has spread to such a degree that there are few families that have not got some of its adherents amongst them, men of the highest intellect placing themselves and their families in the hands of its practitioners.

It is more than fifty years since Dr. Quin, who had been physician to the King of the Belgians, and had become a convert to Homœopathy, proceeded to Hungary to test the merits of Hahnemann's doctrines in the treatment of cholera. Many of his cases he treated with camphor alone. So great was his success that his statistics ought at once to have convinced those men who were groping in the musty learning of centuries for a remedy that they could not find, that a true mode of treating the disease had been found. Strength-

ened in his convictions, he returned to London and resumed practice, meeting with an amount of patronage that might have satisfied the most ambitious. Belluomini, Dunsford, Currie, and others followed, and soon Homœopathy took a position that its enemies in vain assailed.

The *Organon* of Hahnemann was translated into English by Dr. Streeton, and published in Dublin. This edition has been superseded by Dr. Dudgeon's translation, which leaves nothing to be desired.

In Dublin and Belfast the Luthers acquired large practices. My old friend Woldemar Luther is, I regret to say, the only representative of the family left. I am glad to see that he is present with us to-day.

In Edinburgh, as I have shown, Dr. Fearon, Dr. Black, and Dr. Rutherford Russell, introduced Homœopathy to their medical brethren, and, opening a dispensary, I think to them belongs the honour of being its first teachers in this country, though they wore no professor's gown, nor mounted the rostrum in any established school. They, however, found at least one distinguished pupil, than whom no man in his day bid fair to rise to a higher position. I allude to the late Professor Henderson. His great talents secured him the respect of his colleagues, his success as a clinical teacher endeared him to his students; so that, when he announced his intention of investigating Homœopathy, the late Dr. Abercrombie, then at the head of his profession, said, "Well, now we shall see if there is anything in this." Unfortunately, Abercrombie's death prevented our knowing how he would have acted when Henderson was led by his investigations to proclaim his belief in the truth of Hahnemann's teaching—an expression of belief, however, for which he had to pay dear. It is no pleasure to tell the story of persecution, when many that joined in it may have regretted the part they took, and when we have heard that one of the leaders in it expressed his regret on his death-bed for what he had done.

Those who wish to know more of the history of what I have so briefly touched on will find in Dr. Dudgeon's lectures, Dr. Hamilton's admirable memoir of Dr. Quin, Dr. Luther's "Concise View of Homœopathy" (published without his name), Dr. Sharp's tract, Dr. Burnett's excellent sketch of Hahnemann, and many other books of the same kind, all they may wish to know.

It only remains for me to express my grateful thanks

for your patience in listening to this rather long address, to bid you all a hearty welcome to Edinburgh, and to hope that any visitors who may wish to hear the papers that are to be read will come in and out as they please, and to express the further hope that our Congress may be an instructive one, and one that we may be able to look back on with pleasure.

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[ERRATUM.—In the former part of this admirable address, published in our last issue, there occurs the word *eusilage*; it should be *ensilage*.]

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## A CLINICAL CASE.

By E. B. SHULDHAM, M.D., M.A. Oxon.

THREE weeks ago a patient came under my care for a stiff leg and general weakness.

The history of the case is as follows. The patient, a married woman with a family of nine children, was seized five months ago with an attack of rigors; a febrile condition followed, and then came an abscess in the breast. This occurred about three weeks after her confinement. After the mammary abscess, matter formed in the neighbourhood of the hip joint, and was evacuated. Shortly after, another abscess revealed itself in the muscles of the thigh.

The result of these abscesses was a state of great physical weakness, enough to cause her relatives the greatest anxiety. The last abscess had ceased to discharge matter about four months before she came under my treatment. The state of affairs on August 26th, the day of my first visit, was: Great weakness of the whole system, dislike for food, a furred tongue, a weak pulse, and a very useless left leg.

The muscles at the back of the thigh were knotty and hard, the tendinous ends were also hardened. The patient could neither extend nor flex the leg without pain, and the leg was in a state of semi-flexion. She hobbled about with the help of two friends; and the inequalities of a badly-joined carpet were so many stones to stumble over.

There was one small abscess over the right eyebrow, which had caused a good deal of discomfort before I was called in. This was one of the last flashes of the suppurative storm. There was no sinus in the leg. My first prescription was

*Rhus* liniment to be rubbed on the affected leg night and morning.

*Bryonia* was to be taken internally. The date of my first visit was Saturday, August 26th, and by the following Tuesday the patient could flex the leg without pain; the tongue was clean, and the appetite was improving. Repeat *Rhus* liniment externally and *Bryonia* internally.

By Saturday, the 2nd of September, my patient could walk about the room without fear of stumbling, the muscles of the leg felt soft and lissom. The appetite was still good and the tongue clean, the bowels acting naturally, and the night's rest good. *Ignatia* first decimal internally. In another week's time the patient not only walked about easily, but also carried her baby all over the house, "upstairs and downstairs and in the lady's chamber." This was the last visit I paid. After this my patient left Putney for Ramsgate, and as I hear that before leaving she walked about half a mile out of doors without trouble or fatigue, and also without help of any kind, and that her general health was as good as it had ever been all her lifetime, I may safely assume that she is on the fair road to recovery.

The medical man who attended this case at Ramsgate very kindly said that "she might never be able to walk again, but that her leg would hang." What a tender prophecy, and how admirably it was fulfilled! He also had some doubts in his mind as to whether he had not a case of sciatica to deal with.

The cause of the whole mischief was a chill caught one evening when the patient went downstairs from a warm to a cold room. Her state was favourable for inflammatory action, and this was set up, as shown by the various abscesses which appeared, to her great distress and detriment.

Neither *Hepar* nor *Silicea* were sufficiently indicated, and so they were not given. There was no sinus left; therefore no suspicion remained of probable bone disease. The Ramsgate practitioner suspected bone disease when he failed to cure the sciatica! *Rhus* seemed clearly indicated for the local mischief, which was more of a mechanical than a constitutional character.

*Bryonia* acted well in putting the digestion to rights, and was in no way interfered with by the local use of the *Rhus* liniment.

This point is worthy of notice, for some exceedingly particular people of my acquaintance would hold up their hands

in pious horror at the combination of *Rhus* and *Bryonia*. I give a clinical fact, and that is worth a bushel of theory.

5, West Street, Finsbury Circus, E.C.

## A CONTRIBUTION TO THE ÆTIOLOGY OF CATARACT.

By F. PARK LEWIS, M.D., Buffalo.

IN a friendly communication lately received from Dr. Park Lewis, of Buffalo, the following remarks occur. They were not necessarily intended for publication, but the observation recorded is one of interest, and we therefore deem it right to publish it. Dr. Park Lewis says:—

"The ætiology of cataract is a question of most vital importance. In my practice I mean to verify or disprove your conclusions. A very interesting case has recently come under my own notice, with the particulars of which you may be interested. A thin, gaunt man, ill-nourished, and a baker by trade, came to me from a neighbouring town, shortly before I went to Europe, to consult me regarding his eyes, having this history. For a number of months he had a sticky exudation on the left side of the scalp, which he bore patiently as long as he could, simply keeping it as clean as possible. In desperation at last he washed the head in a strong solution of soft soap. In a few days the scalp was apparently as smooth as ever. Shortly afterwards he discovered that he could not see from the *left* eye, and at once came to consult me. The eczema was strictly unilateral and *left-sided*. I found a fully developed senile cataract, the *right* lens being *perfectly clear*, and the fundus normal. He was highly hypermetropic. His description of the skin trouble was almost a perfect *Graphites* picture, and I gave him the 30th, and did not see him again till three weeks ago. As one eye was perfect, of course I did not operate, but told him that I would remove the opaque lens as soon as the sight began to fail him in the remaining eye.

"In August of the present year he again presented himself, saying that under the influence of the remedy prescribed his health improved to a remarkable degree. But now a cataract was coming on the other eye, and he wished me to operate for his relief.

"An examination showed no cataract, however, but ad-

vancing grey atrophy of the right optic nerve, the lens still quite clear. The nerve in the left seemed sensitive to light, so that it seemed probable, strange as it may appear, that it was not atrophic. The crossed nerve fibres may permit such a state of affairs. The man—a Scotchman—is wonderfully abstemious, using neither tobacco nor liquor. I do not say '*post hoc—ergo propter hoc*,' but it certainly would substantiate the idea that the relations between the skin and lens are exceedingly intimate. The man is still under observation. If the sight fails in his right eye, and good perception is retained in the left, I will operate for his relief.

"188, Franklin Street, Buffalo,  
"Sept. 6, 1882."

## REMARKABLE CASE OF HICCOUGH.

By Dr. JOHN WILDE, Weston-super-Mare.

A most singular and obstinate case of hiccough has recently come under my notice, and I think it is worth recording.

A few weeks ago, while attending Mrs. K. for an attack of acute urticaria produced by eating mushrooms, she asked me to see her daughter, aged seventeen, who was suffering from symptoms of dyspepsia, and, as Miss K. had partaken of the same dish as her mother, it was suspected that she was also labouring under some other symptoms of mushroom poisoning.

The patient was a remarkably pretty girl with a clear red-and-white complexion, in appearance looking the picture of health. She had a pair of laughter-loving eyes, and her face beamed with good humour. I mention these particulars because throughout the attack I am about to describe she preserved the same well-looking and amiable characteristics. She complained of fulness at the epigastrium, scarcely amounting to pain, and there was slight flatulence; that was simply all. The mother, however, gave me a very singular history of the patient. Mrs. K. said a few years ago, soon after the commencement of menstruation, and at that period, her daughter was seized with violent hiccough. It was preceded by the same feeling of fulness as she was now suffering from, but when the spasm was once started nothing would allay it. It went on for days, in spite of anti-



spasmodics of every description administered by an allopath. On one occasion the hiccough continued uninterruptedly *for a month*, at the end of which time the girl became delirious from want of rest. Sir William Jenner had seen the patient; and, on my asking whether certain anti-spasmodics had been tried, such as Asafoetida, Valerian, Musk, Zinc, etc., I was told they had all been used in vain. Æther and ammonia, chloral hydrate, and brandy had all failed. When the hiccough was once started nothing could stop it. I heard all this with astonishment, but I was about to have ocular evidence that the mother had not exaggerated the case.

I left some *Nux Vomica* to be taken, and saw her again the next morning. It seems a few hours after I had left hiccough commenced, and I will endeavour to describe it. Each spasm was a double one, like a postman's knock, and this double hiccough was repeated about thirty or thirty-five times per minute! The body was each time violently shook, so that the whole body was jerked forward at every spasm. I inquired about the bowels, and found they were always costive, and I asked if the hiccough was relieved by the action of the bowels. Her mother informed me that on one or two occasions, when the doctors had failed to cure the symptoms, she had on her own account administered a dose of "black jack," as she called it, and it appeared to cut the spasms short. I thought this was a valuable hint, and might be useful if other measures failed. I did not like, however, to relinquish homœopathic treatment without giving it a fair trial, and yet, to look at the poor girl being shaken to and fro, it seemed cruel not to take the short cut to her relief, if an aperient would really afford it. Knowing, however, that this method would at best palliate (and I felt a strong desire to cure, if I could), I thought I would at least make an effort to succour the patient *secundum artem homœopathicam*. It must be mentioned that this case had previously been treated by a highly respectable and clever homœopathic practitioner, and therefore I did not feel much confidence in awaiting the result of a remedy.

I left a prescription ordering one-drop doses of *Belladonna*  $\phi$  to be given every two hours. She had had smaller doses without relief.

This prescription had no effect, and I should have thought it had made the patient worse, if her mother had not informed me that the case was going on just as it always had done—viz., from worse to worse every hour. The

patient now had stronger spasms; instead of a double one it was a treble one, and at the rate of very nearly sixty hiccoughs per minute. She could not talk, and had taken no food the whole day. The instant anything reached the throat the spasm was redoubled, if possible; besides which, the constant shaking of the body forbade any liquid being conveyed to the mouth. Solids were absolutely out of the question, as they would always excite an attack when it seemed to be subsiding. I have stated the patient showed a good-humoured face all the way through, even smiling when spoken to, and yet it was impossible to hold her, so dreadful was the convulsive effort.

I saw it would not do to go on trying experiments with homoeopathic medicines. The girl must have sleep; and as Mrs. K. told me that after a short sleep there had been a gradual cessation of the hiccough on former occasions, I now prescribed three-grain doses of *Opium* 1x trituration, to be given every hour till six powders had been given.

The next morning I found my patient a little better. Hiccough still present, about twenty-five or thirty per minute, but it had entirely departed in the night after taking the third powder. She then got a few hours' sleep, but the next morning her mother tried to make her eat a small piece of sponge cake soaked in milk, and instantly the hiccough returned.

I now determined to try an aperient, as the bowels were not relieved, but I ordered an enema first of all to see if that would do instead. This brought away a quantity of fœtid fæces, and I hoped we should get an abatement of the symptoms, but it was not so. In the evening I saw the patient again, and ordered the enema to be repeated, the hiccough being just the same. There was no result, however, and the mother begged me to let the patient have a "Tamar Indien Lozenge." I consented to this being given, but ordered the *Opium* powders to be continued if sleep did not ensue.

I need not continue the history of four or five days, except to say that we procured sleep at night with the *Opium*, but the hiccough always returned by day as soon as any attempt was made to administer food; and as the patient could not convey liquids to the mouth, I got a child's feeding-bottle with its india-rubber tube and teat, and by means of this I got down some brandy and milk. In the daytime I administered *Ignatia* and *Carb.-Veg.*, and at night, after the

first two nights, I did not repeat the *Opium*, as she got some sleep. On the fifth day the hiccough ceased, but *aphonia* came on suddenly. On this occurring, I questioned Mrs. K. as to whether it had ever happened before, and she said yes, it had come on suddenly two or three times before when the hiccough paroxysm was over. Now this aphonia was evidently hysterical. It arose from exhaustion of the laryngeal nerve after the violent paroxysm she had gone through. It disappeared the next day just as suddenly as it came on, and from speaking in a whisper scarcely audible, she immediately got her firm natural voice.

Now I am not going to say that my treatment of this case produced the cessation of the symptoms, but as former attacks had lasted much longer I presume I did relieve this one. The patient was only a visitor in Weston, and departed a few days afterwards, so that I had no fair opportunity of trying pure homœopathic treatment.

I consider it to be the duty of a physician to relieve his patient in the best way he can, irrespective of "pathies." Allopathy is indispensable to medical practice, because it means a method of palliating very urgent symptoms, until scientific (homœopathic) treatment can be applied with effect.

Your pure Hahnemannian may, if he pleases, keep his patient suffering for hours while he is searching his repertory, but I should like to ask one of these gentlemen what would they make of a case like this, which presented only one symptom, or two at the outside. A score of medicines have "hiccough," and most of these had been tried in this case. Then there is "constipation" as another symptom, but there are a hundred medicines under this head.

This case proves the great necessity of a correct physiological knowledge, and the application of this to the pathological lesion. This was, I have no doubt, a peculiar hysterical condition. The aphonia points to this, and the hiccough was probably allied to an epileptic paroxysm. There was no spinal tenderness, but there was evidently irritation of the pneumogastric nerve, therefore the true homœopathic treatment, if this theory be correct, would be to give a medicine capable of exciting the same nerve centre and its branches to the diaphragm.

Have my colleagues ever seen a similar case?

### A CANINE CURE FOR CONSUMPTION.

A PROMINENT citizen of Geneseo, N.Y., has been prolonging his own life at the expense of the canine creation. Some two or three years ago the gentleman in question, who was pronounced by physicians to be in quite an advanced stage of consumption, began the habit of taking his pet dog to bed with him. The dog soon exhibited unmistakable signs of lung difficulty; coughed almost constantly, and finally died. The gentleman procured another dog, and slept with him for a time, when this animal also fell a victim to the disease. Another dog was procured, with which the man now sleeps, and though the third animal will probably die the same way the others did, the man is constantly improving and is better than before for years. He is a well-known business man of Geneseo, and we would give his name if necessary.—*Detroit Free Press*, September 2nd, 1882.

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### SPIDERS' WEBS AS A MEDICINE.

THE use of *Arachnidina*, or spider's web, is one of those odd bits of drug-lore that see-saw to and fro amongst the people and in medical literature; it never seems to become fixed. Quite lately the *New York Medical Eclectic* contained the following useful notes:—

#### "SPIDERS' WEBS AS A REMEDY IN AGUE.

"This old remedy seems again to be coming to the front. In the *Gazeta Medica* there is an article upon the subject, and also in the *Correspondencia Medica*. In the latter journal ninety-three cases are mentioned, and Dr. Oliva gives twenty-six more in the *Gazeta Medica*. Of these twenty-two were cured with the powder, and the remainder with the tincture alone. The web is prepared in the following manner: It is gathered with great care, and is shaken to remove the dust, washed, dried in the sun, and powdered. The powder thus obtained is of a dark ash colour, without smell or taste, insoluble in water, and very slightly soluble in alcohol. From examination of the 119 cases, which have hitherto been published, Dr. Oliva draws the following conclusions:—

"1. *Arachnidina* (cobweb) possesses the power of curing

malarial fevers, and always when they are of a quotidian and tertiary type.

"2. That when administered in the dose of grains 30 to adults, or grains 15 to children, it generally stops the illness at the second fit.

"3. Its action is less prompt than that of sulphate of quinine; for this reason, until we get more data regarding the medicine, it should not be employed in pernicious intermittents.

"4. That in consequence of its tastlessness it is more easy to administer, especially to children.

"5. That its use lessens the tendency to relapses."

Now, what we want is a good *proving*, and *Arachnidina* would doubtless take a definite place in our armament.

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## CHRONIC DIARRHŒA CURED BY PODOPHYLLUM.

By J. C. BURNETT, M.D.

I ALWAYS like to come across bad cases of chronic diarrhœa in practice, because they afford such irrefragable proof of the homœopathic *law*.

In the month of June, 1882, a middle-aged gentleman came to me complaining of chronic diarrhœa. It had lasted about a year, and, of course, the patient had a very poor appearance. There is not usually much left of a man who has had from two to six loose stools every day for a twelve-month.

There were sound Hahnemannian reasons for giving *Thuja*. It did patient's constitution good, but the diarrhœa continued. Then *Jalap* followed with but very slight benefit. So on August 11th I studied the case a little more, and saw clearly that the diarrhœa was *hepatic*, the stools were very *bilious* and *liquid*, they *squirte*d out of the rectum, it was worse in cold weather, though bad all the year round. And the complaint began with pains and discomfort in the right hypochondrium.

The prescription was *Tc. Podo.* 6, five drops in water twice a day.

On October 2nd the report is, "No diarrhœa these six weeks, and he feels much stronger." And he had gained four pounds in weight since August 11th.

Should any allopathic brother doubt the fact that *Podophyllum* CAUSES diarrhœa, he can either take a few good doses himself and try, or read the fact in any work on *Materia Medica*. We see it CURES diarrhœa, and that a diarrhœa closely simulating the medicinal podophyllum diarrhœa; *ergo* like cures like.

London, October, 1882.

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### PERSONALIA.

PROF. VILAS, the eminent ophthalmologist, of Chicago, has been touring in Europe, and lately passed through London homeward bound.

DR. POPE, of London, has removed to Tunbridge Wells. We notice this with sincere regret, for we shall personally greatly miss his genial companionship and willing helpfulness, which we have so long enjoyed, and which we desire gratefully to acknowledge. Friends will be interested in learning that Dr. Pope, though not so well as we should like to see him, is nevertheless much improved in health, and that he intends devoting himself exclusively to private practice in Tunbridge Wells. Our distinguished colleague has, we believe, notified his intention of retiring from the editorship of the *Monthly Review*, in whose columns he has so long, so consistently, and so manfully fought for what he believed to be the best interests of Homœopathy. Should Dr. Pope retire from the editorial staff of the *Review*, we trust the homœopathic practitioners, both of this country and of America, will join hands, and present him with some token of their regard and appreciation. We should be glad to hear from like-minded *confrères* on this point.

DR. JOHN H. CLARKE, of London, has, we are sorry to say, joined the editorial staff of the *British Journal of Homœopathy*. He has our hearty good wishes nevertheless, and the *British Journal* has our congratulations upon having secured the co-operation of such a promising *littérateur* as is Dr. Clarke. Why are we sorry? *Chacun pour soi*. Dr. Clarke has hitherto been in the habit of making valuable contributions to the *Homœopathic World*, so he is lost to us now that the *B. J. H.* has annexed him.

## THE HOMŒOPATHIC NURSES' INSTITUTION.

WE understand that the Hospital authorities have it in contemplation to increase the present staff of nurses sent out to nurse private patients, and as they have obtained possession of the house, No. 1, Powis Place, adjoining the Hospital, purchased a few years ago, the occupant having terminated his tenancy, it only remains to adapt the premises for the purpose in hand ; but, as the available space is beyond the requirements of the case, it is proposed to adapt the ground-floor for the reception of a paying patient at a higher rate of payment. The increased accommodation thus afforded will no doubt be much appreciated by our medical brethren, and—we trust—prove beneficial to the funds of the Hospital.

THE THIRD  
HAHNEMANNIAN LECTURE—"HAHNEMANN THE  
FOUNDER OF SCIENTIFIC THERAPEUTICS."

THIS was delivered by Dr. Dudgeon in the large room of the London Homœopathic Hospital on Tuesday, October 3rd, 1882. The room was fairly well filled, and the lecturer was listened to with marked attention. The lecture lasted about an hour and a half, and was a decided success. Hahnemann's position as the founder of scientific therapeutics was most ably established, and we look forward to a perusal of the published lecture with interest.

Dr. Bayes may thus far point with pride and satisfaction to the success of the Hahnemannian Lectureship, of which he is the originator—or, rather, this honour is due to Dr. Hughes, who started the idea, but the B. H. S. snuffed it out. Dr. Bayes then carried it through the School.

Although we must admit that the Coethen phase of Homœopathy will not quite fit into the *cadre* of "Hahnemann the Founder of Scientific Therapeutics," yet we must protest most earnestly against Dr. Dudgeon's method of treating it, and also against some of the statements here-anent made by him in his lecture. This, however, will be best done when the lecture is before us in its "print" dress.

If the authorities of the School are not afraid of the truth—all the truth—we trust they may see their way next year to appoint a leading Hahnemannian to the lectureship—for instance, the veteran Dr. David Wilson. Dr. Dudgeon has given us Hahnemann as a scientist, now let us have Hahnemann as a *Thinker*, for scientists should take to heart the fact that *thinking* is a process much farther removed from the monkey than *mere knowing*. A monkey *knows* a nut from a leaden bullet, and he knows it by scientific experiment, and is therefore, *pro tanto*, a genuine Baconian philosopher, though in degree limited.

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### SUGGESTED REMEDY FOR DIPHTHERIA.

ACCORDING to the *Cobourg Gazette*, a remedy has been found for that terrible scourage diphtheria. In the Julius Hospital of Wurzburg, an institution of great reputation and standing, one of the assistants of the eminent physician Professor Gerhardt has been noting a series of experiments with a drug called *Chinolin*, an element found in coal tar. From this drug, in combination with tartaric acid, a salt is obtained which altogether remits the dampness of the atmosphere. The application of this substance is said to have been successful in every case of diphtheria in which it has been tried.

[A friend sends us the foregoing as a clipping, but we agree with a comic paper that the greatest advantage of the drug is that it will rhyme with crinoline.]

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### DIED FROM DOSING.

Two great men died in this country during one month, Longfellow and Emerson. Taking the account of the death of each from the newspapers, we find that Longfellow was suffering from a diarrhoea—a not very terrible disease generally—and that his physician gave him “something to check the diarrhoea,” and inflammation of the bowels set in, from which he died.

Ralph Waldo Emerson was suffering from acute pneu-



monia, and, as the pain was very severe, his physicians gave him an opiate to relieve the pain. *He was never conscious afterwards.* Comment is unnecessary.—*United States Medical Investigator.*

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### RELIEF IN CANCER.

DR. BRANDINI, of Florence, has recently discovered that citric acid will assuage the violent pain which is the usual concomitant of cancer. One of his patients, aged 71, at the Hospital of Santa Maria della Scala, was afflicted with cancer on the tongue. There was no possibility of performing an operation, the surface attacked being far too extensive, investing the base, the sub-lingual and the sub-maxillary glands. The poor man in the midst of his torments asked for a lemon, which was nothing very remarkable, as cancerous patients generally have an extraordinary liking for acids. But the seat of the disorder being in the mouth, a circumstance was observed which might otherwise have escaped attention—the juice of the lemon diminished the pain. The patient, on finding this, asked for another on the following day, and it gave him still greater relief than the day before. This led Dr. Brandini to try citric acid itself in a crystallised state. A gargle was composed of four grains of the acid in 350 grains of common water, and it entirely carried off the pain; on its reappearing the same remedy was repeated with the same success. In the course of a month this treatment not only delivered the patient from all suffering, but even reduced the swelling of the tongue very considerably. Encouraged by this success, Dr. Brandini tried the same remedy on a female patient, 73 years of age, who for years had been suffering from an ulcerous cancer on the breast. The affection had been pronounced incurable, and when she was given into our author's hands the torments she suffered were such that she not only could get no night's rest herself, but prevented the other patients in the same ward from having any. Dr. Brandini applied a pledget of lint, previously soaked in the above solution, to the part, and the relief obtained was instantaneous. The pain disappeared, and when, after the lapse of six or seven hours, it began again a fresh application was sufficient to keep it off. Our author quotes several other cases in which citric acid produced relief in cancer, and he

justly observes that, if subsequent experiments should prove equally successful, citric acid must be considered a great boon to humankind. A substance capable of removing violent pain in an incurable affection is not less valuable than one that will effect a cure in more tractable maladies.—*Galignani's Messenger*.

## LITERATURE.

### THE DISEASES OF INFANTS AND CHILDREN.<sup>1</sup>

THE fourth edition of this excellent work lies before us for review. This we can best do by relating a little incident that occurred not long since in a country village not far from London.

"Good morning, Mr. S.; how is your little girl with the diphtheria?"

"Thank you, sir, she has got over it nicely; but I have been very anxious about her."

"Oh, she is well, is she?"

"Yes, sir, thanks to Homœopathy."

"Homœopathy! I thought Dr. P. attended her?"

"So he did, sir, but my little girl had none of his medicines. Dr. P. lost so many cases in the village that I was afraid of him; but as he is our only doctor, I was obliged to have him. But I have Dr. Ruddock's little book, and I went by that, and gave the homœopathic medicines, and, thank God, my little girl is well."

We have just related a *fact*. The conversation took place between a London merchant and a small dairy farmer, and it illustrates the kind of work being done by Dr. Ruddock's publications *all over the country*. Ye allopathic dullards, when will ye wake up and see yourselves as others see you? Ye are living in a fool's paradise. We do not defend the dairyman's proceeding, but *what* was he to do? Hoodwink his doctor or lose his daughter? What would *you* do, good reader?

The simple fact is that the average British layman is, in the therapeutic art, a long way ahead of the average British medico, and this must be regarded as scandalous.

<sup>1</sup> The Diseases of Infants and Children, and their Homœopathic and General Treatment. By E. Harris Ruddock, M.D. Fourth Edition, revised and enlarged by George Lade, M.D. London: Homœopathic Publishing Company, 2, Finsbury Circus. 1882.

## “BRITISH HOMŒOPATHIC MEDICAL DIRECTORY, 1883.”

THE following circular has reached us :—

“DEAR SIR,—We are preparing for publication the ‘*British Homœopathic Medical Directory for 1883*,’ and shall be obliged if you will fill up the accompanying fly-leaf, and return to us at your earliest convenience.

“Any information as to new names or corrections required in your locality, or elsewhere, will be esteemed.

“We are, yours faithfully,

“THOMPSON & CAPPER.

“4, Lord Street, Liverpool,

“October, 1882.”

We trust the enterprising publishers will be encouraged by the ready co-operation of our colleagues. Let us have as complete a list of homœopathic medical men as possible.

## DIRECTORY OF HOMŒOPATHIC PHYSICIANS IN NEW ENGLAND.<sup>1</sup>

THIS is really a very elegant and useful catalogue of Messrs. Clapp; and in the middle we find a list of the homœopathic practitioners of England. This will be useful to many; for instance, to us.

We refer with interest to some of the larger centres, such as Boston and Providence; in the former place alone we count one hundred and fourteen homœopathic physicians. The population of Boston is put at 362,535.

Many years ago, the author of the “Autocrat at the Breakfast Table” predicted the speedy extinction of the homœopathic heresy. Now, in lieu of being extinguished, the medical faculty of the University of Boston is manned by homœopaths, and the city has over a hundred homœopathic physicians, whose *clientèle* comprise the *élite* of the city.

Any wonder that Dr. O. W. Holmes has been lately cursing us anew? We do not mind the curses or the abuse, but the—well, the naughty fibs—he tells grieve us, because the author’s is a great name in Anglican literature.

<sup>1</sup> Directory of Homœopathic Physicians in New England. Otis Clapp and Son.

We use the word Anglican to include all that is written in the English tongue, and we commend the word to Dr. O. W. Holmes's fostering care. When we speak of an expression peculiarly English we call it an Anglicanism, and hence it would be convenient and correct if we had a word—such as Anglican—to denote that which pertains to all English-speaking nations.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

*To the Editor of the Homœopathic World.*

### DR. THOMAS ON THE LIMITATION OF THE HOMŒOPATHIC LAW.

"I cannot believe that, in the face of the agonies arising from the passage of a gall stone, he would 'compare the symptoms' with those of any drug; but he would, I am sure, procure that relief from sensation which, while the calculus is passing, must needs be painful, that an anæsthetic or an opiate alone can give."—(Dr. Pope's letter, p. 468, *Homœopathic World*, October 2, 1882).

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DEAR SIR,—Observing the above in your last issue, I am tempted to write a short memorandum on this subject. In endeavouring to relieve the pain produced by the passing of a gall stone, our power to help must in great measure depend upon the size and density of the gall stone. It may be as large as a walnut and as hard as limestone, or of moderate size and pulverulent. In the former case we have a most serious, and probably fatal, difficulty; in the latter we have a condition in which a knowledge of several medicines may enable us to give quick relief without anæsthetics, and a condition which, treated wisely, may be prevented recurring.

Many years ago an article appeared in the *North American Journal of Homœopathy* giving an account of an ignorant and unqualified man in New York, who made a large fortune by treating people afflicted with gall stones. His remedies were *Podophyllin* and olive oil, and, his success being greater than

the ordinary anæsthetic treatment, he got not only fortune, but *kudos*.

I can at this present moment recall two instances of the treatment of gall stones by small doses of medicine—one of a patient suffering from diseased heart, and who also suffered from pains and symptoms indicating passage of gall stones. *Hydrastis* fluid extract, in drop doses, relieved the gall-stone agony quickly. A *post-mortem* showed the condition of the heart, and examining the gall duct and intestines two small pulverulent gall stones had passed the duct. Liver was healthy.

The other case, a lady who had suffered for four years from gall stones. Her complexion was jaundiced, and pain, which was agonising (and accompanied with sickness and the other symptoms of gall stones), lasting forty-eight hours, spite of opium, chloroform, and other anæsthetics to no purpose. But *Hydrastis* fluid extract (Tilden's), given in drop doses, within five minutes relieved the patient, and in two hours she was free from pain. Five years have elapsed since this was given, and she has never suffered from gall stones since.

The limit of the application of the homœopathic law is often in our ignorance of the action of medicines; but surely it is better to try known remedies for the prevention and cure of pain than to lose heart and head, and at once rush to anæsthetic treatment.

Yours, etc.,

HENRY THOMAS, M.D.

Llandudno, October 20, 1882.

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### THE THEORY OF THE LITTLE DOSE.

DEAR SIR,—The experience of the practitioners of the old school being mainly confined to the effects of large doses of medicine, they very naturally know but little of the action of minute ones. Yet few would credit, unless they had witnessed it, the marvellous susceptibility of the human organism when invaded by disease to the action of infinitesimal doses of medicine, administered according to the law of "*Similia*." How these minute quantities act it is difficult to understand; that they do act is beyond all doubt. The following attempts at an explanation may be taken for what they are worth.

Let us suppose health to be that state of the organism in which every nerve vibrates in perfect harmony, and that this constitutes the true equilibrium, any departure from which would mar that harmonious action. We will further suppose disease to be *abnormal* vibrations of the nerves by which this equipoise is disturbed, consequent upon the body being invaded by some morbid force. Suppose that morbid force by which the body is invaded *lowers* the vibrations, it will then follow that the true drug similia when administered in that degree of intensity calculated to exalt them to their normal condition, will be a curative agent.

On the other hand, suppose the morbid force by which the body is invaded *exalts* the vibrations, then a homœopathic remedy capable of exciting *similar* vibrations when administered in that degree of force which will *lower* them to their normal condition, will be a curative agent, harmonious action in each case being re-established. Every true drug "simile" may exalt or depress the organism, depending upon the strength in which it is administered, and the susceptibility of the organism, for homogeneous irritants.

Again, suppose man to be a microcosm, containing within himself in infinitesimal quantities most of the elements of which the world is composed in fixed proportions. So long as these proportions are not disturbed, harmonious action, or health, continues; but should these proportions be interfered with, harmonious action ceases, diseased action is set up, the vital force craves for that which contains the element of which the organism is now deficient. This cry is manifested in the symptoms, the symptoms indicate the remedy; that being administered, harmonious action is re-established.

Does the homœopathic remedy contain infinitesimal quantities of those constituents of which the tissues have been robbed?

The Strychnia family all contain Lithia as one of their constituents. When the symptoms of a disease indicate *Nux Vom.*, *Ignatia Amara*, or *Spigelia* as remedies, are we to infer that the organism in some of its tissues has been robbed of some one or more of the active principles found in these medicines of which Lithia is one? I am not prepared to answer this question affirmatively, but should not be surprised to find that it was so. Assuming this to be the case, then the homœopathic remedy supplies the infinitesimal quantity in the medicines above referred to, and the vital

force being satisfied, the equipoise is restored. If, for example, the brain has been robbed of its phosphorus by excessive study, worry, etc., memory thereby becoming defective, *Phosphorus* is administered in infinitesimal quantities, and the brain by degrees gets back its modicum of phosphorus, memory returns, the balance is restored. This is simply hypothetical; nevertheless I think in some such way it is that the action of these minute doses of medicine may be accounted for.

Yours truly,

FREDERICK ROSS.

London, October, 1882.

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DR. NEVILLE WOOD ON HOMŒOPATHY IN  
MELBOURNE.

SIR,—My friend Mr. Arthur H. Beavan writes to me as follows, dating from Sydney, New South Wales, August 26, 1882:—

“You will, I know, be interested in hearing that the foundation stone of the Melbourne Homœopathic Hospital was laid not long since by the Governor, the Marquis of Normanby. The noble marquis observed that, although he was not himself a homœopathist, he thought it was proper and desirable that invalids should be able to have the medical treatment which they preferred, in humble as well as in the so-called high life. The proposed hospital will contain a hundred beds, and the building will cost about £10,000. Of this amount the large sum of £2,000 has been contributed by the Colonial Government; so you perceive that State aid is quite an institution out here. In a young country it is probably necessary. The hospital is in a good position, and it will be a great blessing to the community.”

Public bodies and private individuals of influence in Great Britain and Ireland might, with great advantage to themselves and to the public, take a leaf out of the above noble record. The State there gave one-fifth of the money required for the building, and the Governor assisted in establishing a mode of medical treatment which was desired by so many of his fellow-citizens.

In my note entitled “Homœopathy in India,” in your October number, p. 469, your esteemed printers would not allow me to quote the name of my distinguished friend, the

late Commissioner of Patna, correctly. Permit me to say that it really should be *Mr. William Tayler*, not "Taylor."

Yours faithfully,

NEVILLE WOOD, M.D.

10, Onalow Square, Oct. 14, 1882.

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### LACHNANTHES IN CONSUMPTION.

SIR,—I send you a pamphlet which has been given to me on the "Cure of Consumption by an entirely New Remedy," and shall be very glad if you will kindly inform me whether the treatment therein described is an allopathic or a homœopathic treatment. The doctor's name appears as a homœopath in the "Homœopathic Medical Directory" of 1874, which is the latest date of that publication in the library of the British Museum.

The remedy, *Lachnanthes*, is one of the new drugs in "Hale's Homœopathic Materia Medica." Do you know whether it has been used by other medical men, besides this gentleman, in this country in the treatment of consumption?

Yours faithfully,

Sept. 7.

MEDICAL STUDENT.

[*Lachnanthes* is a well-known remedy with very many homœopathic practitioners; Dr. Herbert Nankivell, of Bournemouth, esteems it very highly in a form of consumption.—ED. H. W.]

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### DR. SKINNER AND THE ANTI-HAHNEMANNIANS.

DEAR SIR,—Is it anything to be wondered at that we Hahnemannians do not join the British Homœopathic Society, when, amongst other most excellent reasons or excuses, we are publicly held up to ridicule and unbecoming jest in your journal by an extra-academical lecturer on *materia medica*, who, if he knew anything of good taste, would have thought thrice before he so disrespectfully quoted the names of several physicians who are individually quite his equal if not many times his superior.

As for the gentleman's opinion of me and my practice, I do not care one fig for it, simply because he is gratuitously offering an opinion upon a subject of which he knows



nothing. Consequently, I should never dream of crossing swords with him on the subject, either in your valuable pages or within the precincts of *The British Homœopathic Society*, which, so far as I know of it, is homœopathic chiefly, if not wholly, in the name it goes by.

I have not used the gentleman's name by way of an example or hint; and I trust that in future he will act upon the hint, and cease to take my name in vain.

I remain, yours truly,

THOS. SKINNER, M.D.

25, Somerset Street, London, W.

Oct. 6th, 1882.

[We have the honour to be a member of the *British Homœopathic Society*, and we are very sorry that such an able man as our friend Dr. Skinner should hold aloof from it. We venture to suggest that all the Hahnemannians forthwith join the Society *en bloc*, and within the Society manfully fight for the great principles of the master. A society is not an unalterable entity, but is in the aggregate what its members individually make it. Let the Hahnemannians therefore join the Society, and it becomes, so far, by the very fact Hahnemannian.—Ed. *H.W.*]

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## DR. BRADSHAW ON THE SUPERIORITY OF THE HOMŒOPATHIC TREATMENT OF GALL STONES.

SIR,—I wish to make a few remarks on Dr. Pope's letter.

On my first commencing the study of Homœopathy, thirty years ago, I seldom used anything but the globules, no lower than three, and up to thirty. I still look upon the globule as one of the greatest boons given to the profession by our master, but, like many other good things, spoiled and marred in the use of it. I used to give say two for a dose, either with *Sac.-Lac.* or in the form of a mixture, and the curative results were most satisfactory. Then came that sad medical schism, the Manchester notions, and to my idea a great retrogression in our therapeutics, and an ignoring of all, or nearly all, of our master's teaching and advice; I mean the introduction of  $\phi$  A.B.C. tinctures, prescribed in large doses. I read all about this with sorrow, but as time went on I began to wander up and down the scale from A to Hahnemann's medium dilution 30! My objections to the low potencies are many; one great one is,

that we get too near the unsatisfactory allopathic line of treatment. I know there is in my own case, and I have often witnessed in my *confrères*, a sadly too frequent change in the administration of the remedy, and the result is, that true Homeopathy is extinguished, and we are left with a very hazy sort of idea as to which of the medicines had the credit of the cure.

I am not now going to defend the Hahnemannians, nor have I sufficient imaginative power to believe in the curative influence of a dose of *Luna* or *Sol*—no, that is beyond my faith.

I have seen much active work for over forty-eight years; many cases of renal, vesical, and hepatic calculi have come under my notice, and under both allopathic and homœopathic treatment. I must at once dismiss the so-called scientific treatment of these cases with opiates, anæsthetics, hypodermics, *cum nullis aliis* absurdities, as extremely unsatisfactory.

Now, I will give my friend Dr. Pope, from some rough notes, two of the worst cases I think I ever had. Mrs. ———, fine handsome woman, æt. thirty-five, five children, been subject to bad bilious attacks, began about a fortnight ago with severe "spasms," and the pains gradually got worse in spite of all treatment, such as purgatives, with *Podoph.*, opiates, anæsthetics, fomentations, hypodermic injections, etc. Her medico had tried all his *ars medica* had taught him, and he told her he could do no more, and she must have patience. I also said patience, poor thing. She had a most painful, anxious expression, and when the paroxysms came on I never witnessed greater agony. She thought, like me, that the treatment she had been put under had aggravated her pains. She was jaundiced, urine very dark, and nurse told me her stools had been white like putty. She had an exquisitely painful swelling over the gall bladder the size of a pullet's egg, and she could not bear the clothes to touch it; so for several days they could not use fomentations, etc. Several times I found her on the floor, as she said she could not bear the pain and must die. The pains went through the chest to the shoulders, and in fact all over her, with much trembling and sweats. To counteract the effects of the opiates, etc., I gave her *Bell.* 1, a drop every two or three hours. On my third visit no better. I gave her *Bell.* 200 in *Lac.-Sac.* dry on the tongue, five globules, and a *plac.* of *Lac.-Sac.* every two or three hours. I had to give a dose of *Bell.* 200 daily for five more days, continuing the *plac.* Pain still very severe in paroxysms, and as

there had been no action of the bowels for over a week I gave her a dose of *Nux V.* 200 every day for two or three days. Then she had some copious, offensive, bilious stools, and nurse said so bad she could not keep them for me to examine. She now began to amend, and I let her continue *plac.* only for another week, and then put her on *Lyc.* 30, one dose a week for a month, and she made a perfect recovery and kept well.

No. 2. Married, six children; a very bad case; been under two allopaths, and treated *secundum artem* with all their scientific dodges; jaundiced, had agonising paroxysms of pain, begged me not to give her sleeping stuff, as she was sure the pains were worse when its effects went off, tongue very loaded, pulse depressed, as I generally find it in these cases. (I had to visit both these cases about three times a day for some time.) She had a swelling over the gall bladder, but in her case pressure relieved her much when the pain was on. I began with *Bell.* 3, a drop every two or three hours. No better the next day; gave her *Bell.* 200, one dose with *Lac.-Sac.* as in the other case. I had to repeat the *Bell.* every day, as the pains were so severe. On the sixth day she seemed about the same. I gave her simply for a day *plac.* only; the next day I gave her a dose of *Calc.-C.* 200; says easier; so I left it to act for two days, and then gave her another dose. On the eighth day I found her much easier; she said she felt something give way in the seat of pain, and had several very offensive motions with pieces of dark bile in them. All went on well now, and I simply gave her plain S.R.V. for a change. At the end of six more days, as she kept very yellow, I put her on my favourite medicine, *Berberis* 3, ter die, gtt. dose, and let her take it for a month. She made a perfect recovery. *China* 6 has been most valuable in some of these hepatic cases. I give *Bell.* at first when I get cases from the allopaths, to antidote the opiates. I know Dr. Pope is far superior to me in his knowledge of the *materia medica*, and I do beg of him to try dynamised high potencies (I call them the spirit or soul of the medicine) in the next severe case of hepatic calculus that may fall to his lot. I should advise him not to repeat the dose too often. I am then quite sure that he will not have recourse to the allopaths for their so-called scientific remedies. It has often struck me as odd why we should take what I call the long-pole jump from 30 to 200. Why not 60 and 100? My brethren may smile at the idea of the 200, but I know from experience, and it is my opinion, that,

if properly administered, they are the best curative agents we have. In some chronic cases I give a dose, four or five globules of the 200 in *Sac.-Lac.* dry on the tongue, and do not repeat that dose for a week or ten days, with very excellent results. I hope Dr. D. Wilson will give us a few lines and tell us his experience of the high potencies in these painful affections.

Yours, etc.,

WILLIAM BRADSHAW, M.D.

Worthing, Oct. 10, 1882.

### A PAPAL ANATHEMA.

DEAR EDITOR,—When the only weapon of a controversialist is vituperation, it is proof positive that he possesses neither logical arguments nor indisputable facts wherewith to defend his position; and Dr. Pope's frantic denunciations of what he calls my "utter absurdities," "ridiculous assertions," and "palpably dangerous practices," remind me of the celebrated instructions to counsel, "No case, abuse plaintiff's witnesses." But yet I thank him. Nothing in this controversy could have more mortified and humiliated me than Dr. Pope's approbation; I should have felt that I must be on the high road to mongrelism without knowing it, and should have been so ashamed of myself that I should have crawled into a hole and pulled in the hole after me; as it is, his censure is the greatest compliment he could pay me.

Dr. Pope may be a physician of the most profound research and the most comprehensive erudition, but I have yet to learn that he is omniscient, and the Œcumenical Council which shall pronounce that "Dr. Pope, speaking *ex cathedra* on matters of homœopathic faith, cannot err" has yet to be held.

Dr. Pope endeavours to be witty about Dr. Swan's statements that the emanations from the moon can be absorbed by water, and the water so charged dynamised *more Hahnemannico*. "Don't think, but try," was the sage advice that Hunter used to give his class, and Dr. Pope might listen to it with advantage. Startling Dr. Swan's assertion may be, but so is Hahnemann's assertion of the curative power of the thirtieth centesimal dilution of the homœopathic remedy. The primary question is not "Is it possible?" but "Is it true?" and by the solution of the latter problem the former

is answered. A wise man of old said, "He that answereth a matter before he heareth it, it is a folly and a shame unto him;" and Dr. Pope by expressing an opinion on a matter which he has never put to the experiment, has thus incurred the reputation of folly and shame. Had he been better versed in the literature of science, he would have known that Reichenbach had years ago demonstrated the *rationale* of this and kindred phenomena. Had he obtained that intimate acquaintance with HAHNEMANN's writings which a lecturer at the London School of "Homœopathy" *ought* to possess, he would have known what the Master taught concerning the curative and pathogenetic properties of the Magnet, and how his assertions (derived from long experience) serve as a basis on which Dr. Swan's further developments logically stand. And had he tested the matter practically he would have had some claims to be heard as an authority thereon, which now he does not possess. I know there are some minds too puny to grasp the more occult mysteries of nature, and some eyes too myopic to see aught beyond the realm of matter; and it is suggestive that HAHNEMANN, in his preface to the pathogenesis of Magnetism, speaks of those who sneer at his discoveries therein as "ordinary mechanical, materialistic, and atomistic heads" and "narrow-minded wisecracs."

Dr. Pope further suggests that Dr. Bradshaw would desert his colours in the presence of a gall stone, and give an anæsthetic or an opiate. What Dr. Pope's feelings will be when he learns that "my friend Dr. Bradshaw" has actually joined the INTERNATIONAL HAHNEMANNIAN ASSOCIATION is too harrowing a thought to be dwelt upon; so, to divert his mind from such a painful subject, I would advise him to read through the whole of Homœopathic literature from the time of HAHNEMANN to the present. It is a laborious task, but it will have a twofold good effect; it will convince him that Homœopathy does not fail either in relieving the pain of calculi or removing the predisposition to them; and it will also leave him less leisure for writing on subjects concerning which he has still so much to learn.

As to Dr. Pope's statement that my writings are "doing more to retard the progress of therapeutics than anything else," I can only say that it is an unlooked-for happiness for me to do anything of the kind *in his sense* of "the progress of therapeutics." As this "progress" is a progress backwards from the clear light of Hahnemannian Homœo-

pathy to the Egyptian darkness of eclecticism, I shall continue to oppose it until the eclectics relinquish their unjustifiably assumed title of Homœopaths. To this final separation of the chaff from the wheat I confidently look forward; the Hahnemannians commenced the work some years ago by instituting the *Declaration of Homœopathic Principles*, which afterwards passed by a Darwinian process of evolution into its higher and permanent form of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION; the work has steadily progressed, and the near future will see its triumph.

Finally, Dr. Pope æsthetically declares that "the claims to public confidence" which I make are "too, too utter." My claims are simply based upon twenty years' experience of Hahnemannian Homœopathy, and upon the cures which I have made through a faithful adherence thereto. Some of these cures are now being published in the *Homœopathic World*, and if Dr. Pope can do better, or even as well, by the aid of eclecticism, let him give us the proofs. Only a few days ago a fair patient told me that she felt most indignant at Dr. Pope's attack on me, and hoped that I would give him just such an answer as he deserved. She failed to recognise any "utter absurdities," "ridiculous assertions," or "palpably dangerous practices" in the fact that I had cured her of heart disease after two pseudo-homœopaths had failed.

If Dr. Pope really wishes to expose the "dangerous practices" and "utter absurdities" which are "from time to time saddled upon homœopaths" by certain physicians who falsely assume that name, I will give him a text on which to preach a sermon. Some months ago I was consulted by a young unmarried lady who had been for some time under the care of a pretended "Homœopathic" gynæcologist, who had prescribed for her (1) a strong-tasting solution of Iodine; (2) Eno's Fruit Salt; (3) Seidlitz powders; (4) injections of Borax; (5) injections of strong tincture of Belladonna, labelled "poison;" (6) the recumbent posture for six months; and (7) a pessary, which I had to remove, as it caused great pain. This physician said she would be "quite well" in a month. With the exception of a temporarily mechanical relief from the pessary, which did harm in other ways, she derived no benefit whatever. Any scientific physician would have known that such a complicated case as hers could not be cured in a month. The

patient is not yet cured completely, but under my treatment has derived considerable benefit.

Yours truly,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

## REPORTS OF INSTITUTIONS.

### ANNUAL REPORT OF THE CHESTER FREE HOMŒOPATHIC DISPENSARY.

THE committee of the Chester Free Homœopathic Dispensary met on Saturday, June 10th, 1882, to receive reports of the working of the institution for the year ending March 31st, 1882, and to appoint office-bearers and members of committee for the current year, etc.

The subjoined medical officer's report was first read and approved; a vote of thanks being subsequently passed to Dr. Samuel Brown for the time expended and interest taken in the work of the dispensary.

During the year ending March 31st, 1882, the number of patients treated at the Chester Free Homœopathic Dispensary was 269, including 223 new and 46 old cases. The two deaths reported were of patients aged respectively two months and seventy years.

Cured or relieved...	...	...	...	...	...	175
Irregular in attendance ...	...	...	...	...	...	66
Died ...	...	...	...	...	...	2
Remaining under treatment	...	...	...	...	...	26
<b>Total</b>	...	...	...	...	...	<b>269</b>
Attendances at dispensary	...	...	...	...	...	901
Visits paid at patients' homes	...	...	...	...	...	186
<b>Total</b>	...	...	...	...	...	<b>1087</b>

The committee, while thanking their supporters, are pleased to be able to show them that they have in hand a larger surplus this year, thereby enabling them to pay a small sum in future for the use of the dispensary rooms, which by Mr. Thomas's kindness they had till now occupied free of rent. A vote of thanks was passed to Mr. Edward Thomas for his past favours. But while congratulating their subscribers on the more satisfactory state of the funds,

the committee urge that still further efforts be made to promote the usefulness of the institution, and also appeal to the public of Chester to give them what help they can in maintaining and increasing the scope of the charity. Notice was given that by will the late Mrs. Dixon, of Littleton, had left the dispensary a legacy of £200, for which the committee desire to express their grateful thanks.

It was resolved that the following gentlemen—Rev. J. K. Montgomery, Mr. John Price, M.A., and Mr. J. E. Henderson—be appointed members of committee.

The committee had under discussion the advisability of forming a “ladies’ committee” to assist in the work.

Subscriptions and donations will be thankfully received by the honorary secretary and by Mr. Edward Thomas, 16, Pepper Street, Chester.

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#### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

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MR. DIXON, VAAL RIVER, TRANSVAAL.—We posted a letter to you about some plants, but we regret to find that it was not duly stamped.

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#### BOOKS AND JOURNALS RECEIVED.

The Calcutta Journal of Medicine, July, 1882.

Dietetic Reformer, October, 1882.

Transactions of the American Homœopathic Ophthalmological and Otological Society. Buffalo, 1882.

British Journal of Homœopathy. No. CLXII.

The Salvation Army Tested by their Works. By John Price, M.A. Second edition. Chester, 1882.

Liverpool Evening Express, Oct. 4, 1882.

El Criterio Médico. Tomo XXIII. Nums. 15 y 16.

The Indian Homœopathic Review. No. 8.

Journal of Medicine and Dosimetric Therapeutics. No. 34.

Therapeutic Gazette. No. 9. Homœopathic Physician. No. 10, Vol. II.

Poem delivered at the Annual Meeting of the Homœopathic



Medical Society of the State of New York, Feb. 14, 1882. By Wm. Tod Helmuth, M.D. New York, 1882.

Revue Homœopathique Belge. Août, 1882.

American Observer, July, 1882.

Medical Advance, August, 1882.

The Medical Tribune. No. 9. New York Medical Eclectic. No. 2.

American Homœopath. No. 9, Vol. VIII.

American Observer. July, 1882.

Allgemeine Homœopathische Zeitung. Bd. 105, No. 11, 12, 13, and 14.

Medical Counselor, Sept. 15.

The Clinique. No. 9.

The Homœopathic Journal of Obstetrics. No. 1, Vol. IV. Monthly Homœopathic Review. No. 10.

Bibliothèque Homœopathique, Oct., 1882.

The Melbourne Argus, July 26, 1882.

Bulletin de la Société Médicale Homœopathique de France. Mai, Juin, Juillet, Août, 1882.

The Search after Truth. By W. V. Drury, M.D., M.R.I.A. London: Gould and Son. 1882.

Chemist and Druggist, Oct. 15, 1882.

Boletín Clínico del Instituto Homeopático de Madrid. Num. 9.

New York Medical Times, Oct., 1882.

#### CORRESPONDENTS.

Communications received from Dr. Shuldharn, London; Dr. Ussher, Wandsworth; Dr.

Drury, Bournemouth; Mr. Crossley, Rawtenstall; Dr. Pope, London; Dr. Thomas, Llandudno; Dr. Ransford, Bournemouth; Messrs. Heath and Co., Ebury Street; R. J. H. Martin, Esq., Coventry; Professor E. M. Hale, Chicago; Dr. Neville Wood, London; Dr. John Wilde, Weston-super-Mare; Secretary London School of Homœopathy; Dr. Reginald Jones, Birkenhead; Dr. Berridge, London; J. S. Hurdall, Esq., M.R.C.V.S., Liverpool; Dr. Maffey, ship *Paramatta*, in the offing, bound for Melbourne; Frederick Ross, Esq., London; Dr. Bradshaw, Worthing.

### The Homœopathic World.

#### CONTENTS OF OCTOBER NUMBER.

##### LEADING AND GENERAL ARTICLES:—

The Congress in Edinburgh.

The London School of Homœopathy.

The Search after Truth.

Clinical Cases of Kali Iodatum.

A Colleague Burnt Out.

Clinical Cases Illustrating the Difference between True and Delusive Homœopathy.

On the Viola Tricolor and its Use in Eczema.

Homœopathy Ahead.

Dr. Frater's Prizes and Prize Essay.

Veterinary Practice.

Epileptiform Disease in Hounds.

Is Salt a Food?

A Neutraliser of Malaria.

Practitioner Wanted at Cape Town, Cape of Good Hope.

##### OBITUARY:—

Dr. Thomas Kay Whitehead.

##### LITERATURE:—

Phthisis Pulmonalis, or Tubercular Phthisis.

##### CORRESPONDENCE:—

Homœopathic Chemist Wanted in South Africa.

Dr. Pope and the Hahnemannians.

Dr. N. Wood on Homœopathy in India.

Are the Hahnemannians Intolerant?

On Some Effects of Snake-bites.

Our Formula.

##### REPORTS OF INSTITUTIONS:—

Melbourne Homœopathic Hospital.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

# THE HOMŒOPATHIC WORLD.

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DECEMBER 1, 1882.

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## OUR DIFFERENCES.

IN our last issue we defined anew the platform of the *Homœopathic World*. We emphasised the fact that the *law of similars* is our sole *quicunque cult*. Now as to some of our differences, i.e., the differences amongst homœopaths themselves. We have received Dr. John C. Morgan's presidential address delivered before the Homœopathic Medical Society of Pennsylvania, at its Eighteenth Annual Session, held at Altoona, Pa., September 5th, 6th, and 7th, 1882, and in it we find the subject very lucidly and broadly handled. The Homœopathic Medical Society of Pennsylvania is one of the most important medical societies in the United States of America, and the views of its President may be taken as representative of several thousands of homœopathic practitioners in the freest and most homœopathic country in the world. Let it be noted that the most homœopathic country in the world is the most free and the most enlightened, for this is the strongest testimony in favour of Homœopathy with which we are acquainted. Why should the free American favour Homœopathy? Simply because it is "cheapest and best;" his reasons are not poetical or sentimental, but *practical*.

After introductory remarks, Dr. John H. Morgan said:—

"The Theories of Hahnemann' are, ostensibly, the bone of contention among professed homœopaths. These 'theories' are supposed by many to be quite outside and independent of the LAW which we all accept. Others, yet more radically reactionary, impugn besides the full sufficiency of the law itself; these, indeed, are more consistent than the former, for it would be easy to show a connection more or less complete between 'the law' and 'the theories.'

"For the present, then, let us ask, is the law, *similia similibus curantur*, true, sufficient, exclusive and universal? And we reply, without a moment's misgiving, *it is all of these in ITS OWN SPHERE*. Having determined what is its own sphere,

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we promptly find the value of  $x$ , the answer to our main problem.

"The dictum of Hahnemann, at the very opening of the *Organon*, informs us that the sole duty of the *physician* is to heal the sick. Common sense does not forget, however, that the physician's function does not preclude the possibility of his acting the part of a citizen or friend, and thus becoming, at the same moment, a nurse, or still further, and more probably, a *surgeon*. As a nurse, he may, and must, do many things merely to assuage and palliate suffering, altogether beside any hope of healing. Yet more, as surgeon, or obstetrician, he must often act only as a mechanic in the first instance, sometimes even to the destruction of living substance, laying aside for the nonce the office of the physician altogether; afterwards resuming it for the purposes of after-treatment. In Europe the two branches of our art diverge; here they unite. In Europe the distinction is no strange one, and to Hahnemann it was normal; in America the combination, or more truly, the alternation of medical and surgical functions is the constant condition of practice. No one is *purely* a 'physician;' hence, no one can be absolutely hedged in, in his duties, by this initial dictum. Hahnemann and his immediate disciples, however, were accustomed to rescue so many cases from surgery—cured so many ulcers, tumours, and other so-called surgical cases with medicine only, that they held the surgery of their day in deserved contempt; thus the old-time feud between these two branches of the profession, generally active as it was at that time, became greatly intensified through them, of whom a few remain to this day, who can barely endure and who scarcely do justice to surgery, or even obstetrics.

"Such, happily, do not prevent our progress. We who are to-day here have ourselves witnessed, as well as fostered, the rehabilitation among us of these once neglected branches; and our well-rounded future career already opens before our hopeful eyes.

"To what do these reflections tend? To this—viz., that however true of the *mere* 'physician,' in the old European sense, the American general practitioner of to-day cannot be limited by Hahnemann's dictum. He cannot be always the physician; and as a surgeon, he must primarily contemplate his duties from an entirely new point of view.

"The fundamental idea in a purely medical case is, that Nature tends to cure; that the living forces are not only fully

adequate thereto, but that *no other* force can cure. The physician, if true to his office, never attempts *coercion*; he does not, *as such*, even 'assist' Nature; he simply *solicits* her, and through drug-dynamics, invites her attention to weak and neglected points by the *simillimum*; he does not conquer, does not overwhelm her in the name of the disease; does not ravish or destroy, but only woos her; secures the *vis medicatrix* to work, not at hap-hazard, but with definite intent. Thus, not only in expectancy, but in true medicine also, that is, in Homœopathy, it is Nature only which cures, just so far as the work is truly done. *True medicine* inquires only, what can this sick organism be persuaded to do for itself? *Surgery*, on the contrary, inquires, simply, what can I do to this organism, or what can I compel it to do for me? I can amputate, and extirpate, and coerce Nature; I ask no favours of her; she is bound to answer me, and I will wring from her the reply I want, and thus I will make the sick well. Thus do the whole of the old school profession; thus are they *always* surgeons; for the same idea of coercion which guides the knife also guides the pen which dictates the tyrannic drug.

"Does Nature succumb to this compulsory doctrine and practice? Yes, she succumbs, but too often the disease does not, for Nature is denied the possibility of doing what she only can do, and which she most desires to do—abolishing the malady and healing the sick. Disease proper, which is but a morbid physiology, needs not surgery—not even the surgery of drugs.

"Nevertheless, a fractured bone, a mortified limb, a stone in the bladder, does need coercion—*needs surgery*. Thus there is a great gulf between the functions of the purely medical man and the pure surgeon; which, however, is not too deep and broad for the allopathic Colossus to bestride. Unlike the alternate passing to and fro of the homœopathic practitioner, the allopath remains rigid—a surgeon of the knife to-day, a surgeon of drugs to-morrow—the tyrant of Nature evermore.

"What is the moral for our side? It is twofold. First, the allopathic system is an exclusive one, for it is *exclusively surgical* in its ideas of drug-action and the drug-cure of disease, thus excluding a just *medical* theory; and so it is that the now classic phrase, 'an exclusive system,' with which a true medical philosophy can make no terms, belongs not to us, but to them. Secondly, we may well beware lest, adopting

exclusively medical ideas, we be found as guilty as they. In other words, it behoves us to inquire whether we may honestly confine our surgery to that of the knife, or whether there may not be for us, as well as for them, a surgery of drugs. Our practice—indeed the practice of some of the purest homœopaths in active surgical life—already answers this question with a loud *Aye!*

“Anæsthetics, antiseptics, and other commonly used agents are in point. Their after-effects, of course, need the pure physician.

“Once *at all* admitted, the consistency of the surgical or non-homœopathic use of any or all drugs by homœopathic practitioners in daily practice becomes a pregnant question. Many are satisfied by declaring their absolute independence of all trammels, and by boldly asserting the insignificance of the homœopathic law. This, however, satisfies no one who has any power of logical thought, or has ever witnessed the vastness of the expanse of disease which it has successfully dominated. Permit me to say, I think the doubt relates properly and only to the question—May we use drugs for surgical ends? May we evacuate scybala from the rectum by crude aloes, or must we always prefer the scoop or the syringe? Must we refrain from mustard emetics in all but poisoning cases? May we commend this same mustard as a condiment at dinner, in certain cases, whilst repudiating it after dinner?

“These are only a few familiar illustrations of the difficulty which sooner or later appeals to each of us. I do not here affirm the propriety of such measures. I only open the question whether a homœopath who uses them, however thoughtlessly and empirically, may not, after all, be pursuing a just line of supplementary surgical action. Nevertheless, he is bound to give a better reason than that of mere personal independence, or the ‘weakness of Homœopathy.’

“Let me be understood—I would reassert the truth, the sufficiency, the universality of the homœopathic law in its own sphere—that is, in medical cases. The question I raise is strictly this only—Must we probe all the ways of life to discover and forbid to patients under treatment, as did the early homœopaths, all things savouring of drug-power, and operating crudely? Or may we *utilise* such things when convenient without prejudice to our consistency, or to the security of our main position. I confess the best thought of

us all is needed in preparing the answer. For one, I am satisfied with the general results of strict construction, and believe that to be the shortest way at present to therapeutic perfection.

"The law sustained, the theories of Hahnemann remain to divide us still.

"First. The theory of *vitalism*. Hahnemann was a man of his age in this. To him, not more than to others of the best medical philosophers, the *vital force* was a separate entity, like the soul, presiding, semi-intelligently, over the living functions and tissues. Thirty years ago we were all of us so taught, and the doctrine is renewed this day in the most advanced evolution theories; for what is *Bathybius* itself, but life-force embodied in slime?

"To Hahnemann's logical mind sickness could never come to the living body except by primary disorder of this vital principle; hence, all disease is force-disorder, above all—a *dynamic* derangement—a semi-spiritual affair, therefore, and for such a state of things crude drugs were meaningless. Only semi-spiritual or dynamic medicines could be suited to the healing of the sick life-force.

"The premises being scientific, who can scorn Hahnemann's logical conclusion?

"Second. His theory of Homœopathy itself. He shows that two dissimilar diseases may co-exist; but not two similar ones, for they destroy one another—the stronger the weaker. The similar drug produces *its specific disease*; this artificial disease destroys the natural one; so he argues.

"Trousseau admits the same in his doctrine of cure by *substitution* of the localised drug-disease. The reactionists say, 'No, *similia* is but a guide in the selection of the drug; this *acts* not similarly at all in the cure, but antagonistically.' I think the Hahnemannian philosophy has nothing to fear in comparison with this. Moreover, Hahnemann's conclusions as to *dose*, and his views of drug-aggravation, stand as the necessary corollaries, and these also have not yet been overthrown. Trousseau's premise is Hahnemann's justification.

"Third. The theory of the alternative, or 'primary and secondary, opposite effects of drugs,' etc. This is, however, disbelieved by few, and is even now influencing more and more all medical thought. It is scarcely a theory, it is an observed fact. Dosage here again comes to view, and is generally believed to depend upon the primary and secondary fluctuations of cases in some way.

"Closely connected with this is his doctrine of *reaction*, that is, impressions (as of drugs) made upon the vital principle are dynamic impressions, constituting the primary *drug-action*; and these are sure to be followed by the secondary dynamic *response* of this life principle in a contrary direction; in other words, by a *vital reaction*, hence the double phenomena. We might boldly assert the truth of this doctrine, and just here is the fatal mistake of allopathy. Recognising only the first, it allows nothing for the inevitable second, for the first represents surgery; the second, true medicine. Forgetting the schoolboy's lesson, that 'action and reaction are equal,' they miss half of every truth in therapeutic theory.

"Fourth. The theory of *dynamisation*—that is, that drugs develop in the attenuating processes, powers unobserved before, and lose none, at first sight a paradox. A few imagine that this has been finally throttled. By no means; it is still a living issue. We know not whether matter consists of substantial atoms possessed of a limited size and inseparable force, as some say, or whether the so-called atoms are only infinitesimal and unsubstantial foci of variable and *communicable* force. If even substantial, we know not whether hydrogen, or, better, the 'universal ether' of Young, be not the prototype—the starting point of creation for every variety of matter; whether we may at will change this ether by concussive contact with previous drug atoms, as in the preparation of our potencies, into new atoms of this same kind. We know not if we may say aye, we know not if nay. Meantime each of us believes or disbelieves, not by force of superior wisdom, but because such is our nature. I may mention a single illustration, however, which we all admit, viz., that *Natrum Muriaticum* 30, and not the crude salt, is a potential drug.

"Fifth. The *psoric theory*, the theory that chronic diseases depend upon miasms, of which the most important is a systemic poison derived from repelled itch, or *psora*.

"How many of us have blushed for Homœopathy in the past at the mention of this! Yet now the most advanced experimental physiology proves that the blood may be poisoned by absorption of effete animal products of various kinds; that artificial tuberculosis can thus result from intentional cutaneous or subcutaneous irritation (by inoculation of even a particle of leather); and that cheesy and other degenerative matters of natural origin when absorbed not

only poison the blood, but also often establish new foci of disease in important organs. The *acarus* (not, by the way, an unknown element in psora, to the mind of Hahnemann, is simply an irritant perhaps, but it is as good an irritant as any, and its absence is indifferent also; Hahnemann's 'psora' embraces many forms, and the fact remains that cutaneous disease, like any other, may form the noxious matters, whilst infective absorption is more likely to occur therein when external suppression is obtained by stimulant applications than in the ordinary career of internal diseases. Metastatic foci, chronic and too minute for easy detection, would readily fulfil the description which Hahnemann gives of the hydra, latent psora. Again, his other 'chronic miasms,' syphilis and sycosis, are supported by the best modern authorities. The former, indeed, is not disputed; the latter is sustained in respect to gonorrhœal rheumatism, which Ashhurst and others mention as a probable form of pyæmia.

"We have, then, no reason to be ashamed of or to discard 'the theories of Hahnemann.' The God of Nature spoke to that venerable sage. Hahnemann bowed to the inspiration, and gave us the *Organon of Homœopathy*. We may well lay aside apologies, and follow so illustrious an example. We may well be proud of him at all points, and of one another as the disciples of a seer who, when the discoverers of these facts were as yet in their cradles, not only gave to the world the principles of Homœopathy, but reduced all of them to successful practice. Truly, we are partners in a goodly heritage.

## POSSIBLE CAUSES OF DEAFNESS.

By ROBERT T. COOPER, A.B., M.D., Physician, Diseases of Ear, London Homœopathic Hospital.

CASES recorded:—

*First.* Mrs. G., aged fifty, of thin, spare habit; dry skin; apprehensive, gentle, and melancholy.

Deafness; unable to hear watch on contact with left ear; discovered four years ago, but supposed to have existed much longer.

Nervous throbbing all over the head, especially in the left, the deaf ear; the headache affects different parts of the head, is generally worse at night and after sleeping, and is accompanied by great depression of spirits.



Sleep prevented from the excitement of the head; constipation prevails; appetite good; urine clear.

Right membrane whitish and thickened; left more pink, retracted, and thickened.

*Takes quantities of salt with everything eaten, even with fruit.*

No deafness in her family. No cause assigned.

*Second.* Mrs. H., aged sixty-five.

Deaf for many years; membranes white and thickened; hears a watch barely on contact; subject to depressing headaches; appetite good. Cause of deafness unknown.

*Partakes largely of salt, eats salt with bread-and-butter, and is always worse at the seaside.*

Habit thin and spare, face pale; inclines to find fault; membranes white, dry, and thickened.

*Third.* G. W. T., a gentleman aged sixty-six.

Hearing indistinct for nine years; came on gradually. For last two years has singing in the ears as from steam; sometimes worse in the morning.

Hearing,  $1\frac{1}{2}$  inches on right, only on contact on left side.

Membranes thick and sunken in, very pale, and malleus-handles flat with the membranes.

Not gouty; deafness in family—father, uncle, brother, and two sisters.

*Very fond of salt, takes it even with bread-and-butter.*

*Fourth.* Rev. C. H. B., aged fifty. Deaf twenty years, no cause assigned. Catarrhal deafness.

*Takes "heaps of salt," constantly empties the salt-cellar upon his plate.*

*Fifth.* W. H. B., aged fifty-two.

A healthy man in every respect, but has had deafness of the right ear for ten years, getting gradually worse. Has had severe neuralgia in the right loin, and when abroad suffered much from dyspepsia.

After careful "pumping," find he has been taking increasing quantities of Hydrate of Chloral to produce sleep, for exactly ten years.

No noises in the ears; no deafness in the family; hears only on contact with the right ear.

*Sixth.* Miss W., aged about thirty-four.

Subject to frontal headaches, with pain in the orbits above the eyeballs, gradually getting worse during the day, and ending in sickness in the afternoon.

*Has lately been anæstheticised with Chloroform, and finds since then that both ears feel numb, and that her hearing is not so distinct.*

*Seventh.* Miss S., aged thirty-six.

Suffers from uterine and vesical troubles, and has been deaf in the right ear for twenty years; has frequently been chloroformed, and always finds that *for four days after the chloroform is quite deaf*, especially in the right ear, the effect lasting longer than the four days in it.

*Eighth.* Capt. M., aged thirty-seven. Seen 23rd March, 1881.

For eleven months has had a hissing noise in the ears, worse in the left ear, which came suddenly on waking up one morning.

Is firmly convinced it is due to having used an application for the hair that contained lead.

There is no appreciable deafness.

21, Henrietta Street, Cavendish Square, W.

Nov. 15, 1882.

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### LONG-STANDING CASE OF VICARIOUS MENSTRUATION CURED BY *SENECIO*, AFTER THE FAILURE OF *PULSATILLA*.

By Dr. HARMAR SMITH.

A. R., æt. 19, maid-servant, sanguine temperament, florid complexion, stout and good-looking.

July 10th, 1882.—Came to my dispensary with the following medical history. Her general health very good. Began to menstruate at fourteen, continued to do so more or less regularly till sixteen. Since then, or during a period of three years, the catamenia have entirely ceased, but have been replaced by hæmoptysis. She spits blood for one day during every month. I gave three drops of *Pulsatilla* (1x) three times a day.

17th.—No menses; continue the medicine.

24th.—Report as before; continue the *Pulsatilla*.

30th.—Five weeks since she last spit blood, or a week after the usual time. No catamenia. Discontinued the *Pulsatilla* and gave *Senecio Gracilis vel Aureus* 1x, two drops three times a day.

August 14th.—The menstrual discharge returned on the 8th instant, or on the tenth day after commencing the *Senecio*.

28th.—Came back complaining of pains in the chest, for which I gave her *Nux Vomica*. Possibly it might be caused

by the cessation of the hæmoptysis. I told her to resume the *Senecio* a week previous to each menstrual period.

It is unfortunate that this invaluable medicine has not been proved upon a healthy woman, although Dr. Hale's "New Remedies" contains some provings on men. From its uses *in morbis*, however, of the female genital organs, it is known in America as "the female regulator." Dr. Hale also refers to a case in which it cured pulmonary hæmorrhage. May not this double property account for its action in my own case in determining from the lungs to the sexual organs?

Ramsgate, November 11th, 1882.

## DR. WILDE'S CHALLENGE TO THE HAHNE- MANNIANS ACCEPTED.

By E. W. BERRIDGE, M.D.

IN the November number of the *Homœopathic World* Dr. John Wilde challenges us. I accept the challenge, lay my lance in rest, and meet him, knightly, under shield.

(1) He says, "Your pure Hahnemannian may, if he pleases, keep his patient suffering for hours while he is searching his Repertory."

I ask him, did he ever know of a Hahnemannian keeping his patient suffering "for hours" while he selected the remedy? And would it not be far better that a patient should be left suffering, even "for hours," till the *right* remedy was found, than that he should run the risk of increased suffering through the administration of a hastily-selected *wrong* medicine?

(2) He says, "I should like to ask one of these gentlemen what they would make of a case like this, which presented only one symptom, or two at the outside."

I reply, firstly, that, by his own showing, *he* did not make much of it, as his palliative treatment only somewhat shortened the first stage, hurrying it on into the second; there being, furthermore, no proof that the patient was *cured*: secondly, that even in his own report I have discovered *eight* symptoms, not "one symptom, or two at the outside:" thirdly, that in order not to shock Dr. Wilde by keeping the patient "suffering for hours" while I was searching my Repertory, in case she should ever consult me, I took down my Repertories and examined all of them with reference to the case; and that within about ten minutes, working leisurely, I discovered the *simillimum*, and verified

it by reference to the *Materia Medica*. What the remedy was I decline to state; a Hahnemannian would discover it for himself without my help, and an anti-Hahnemannian would, if he knew it, only spoil the case by using a low potency, or improperly repeating a high one if he had the fancy to try it for once.

(3) He says, "Allopathy is indispensable to medical practice, because it means a method of palliating very urgent symptoms until scientific (homœopathic) treatment can be applied with effect."

In other words, he maintains, first, that Homœopathy fails to relieve "very urgent symptoms," which is contrary to my experience, and that of every Hahnemannian; and, secondly, that it is easier to cure a case homœopathically when complicated by allopathic treatment than when it is uncomplicated. Such an assertion does not deserve a serious answer.

(4) He says, "There was evidently irritation of the pneumogastric nerve, therefore the true homœopathic treatment, if this theory be correct, would be to give a medicine capable of exciting the same nerve centre and its branches to the diaphragm."

I reply, why did he not give a medicine "capable of exciting" the pneumogastric nerve? If he says he did, then the result shows that the pathological method of prescribing is fallacious. If he says he did not because he knew of none, then this method is shown to be impracticable. He may take which horn of the dilemma he pleases.

Finally, I request Dr. Wilde's attention to the following parallel, an explanation of which would be desirable:—

"I have now come to regard globules of the 30th, or even of the 200th, as of the greatest efficacy; and if I could please myself in all cases I should never give any others." — "We are always wrong when we depart from the rules which our great master HAHNEMANN has prescribed for us" (Dr. John Wilde, in *Monthly Homœopathic Review*, 1869, pp. 391-6).

"Allopathy is indispensable to medical practice, because it means a method of palliating very urgent symptoms, until scientific (homœopathic) treatment can be applied with effect" (Dr. John Wilde, in *Homœopathic World*, 1882, p. 506).

What about the use of *nos-trums* by professed homœopaths? Are these also "indispensable to medical practice"?

As it may be interesting to ascertain the cause of such a startling change of opinion, I will give another parallel, illustrating Dr. Wilde's researches in our *Materia Medica*, an intimate acquaintance with which is *essential* to successful *homœopathic* treatment:—

"A magnet has no affinity for wood or brass, neither has *Ipecacuanha* for the eye" (Dr. Wilde, in *Homœopathy Explained*, p. 24).

"Awakened at 3 a.m. by raging pain, more severe in the right, less in the left eye, with excessive lachrymation which soaked the pillow, and loss of vision."

"Intense tearing pains, especially in right eye, extending but a little way towards temple; on opening the right lids, which were swollen, a copious gush of tears; the conjunctiva of the bulb was injected and infiltrated; the tunica vaginalis swollen, the cornea dim as if infiltrated; on close examination there were noticed a number of small depressions; the iris seemed congested and had a dull look; the pupils contracted, reacting but little or not at all in the light; vision completely lost," etc., etc., etc. (Allen's *Encyclopædia — Ipecacuanha*).

Not bad for a remedy which has "no affinity for the eye"!!!

### SALIVATION CURED BY PILOCARPINUM.

AN allopathic journal, the *Courier Médical*, relates the case of a young wife, in the third month of her pregnancy, who suffered from very excessive salivation. During her three previous pregnancies she had also suffered from salivation, but not so severely as this time. A subcutaneous

injection of 0·02 of *Pilocarpinum* cured the salivation after first making it much worse.

Now this is all very well, *Monsieur le rédacteur du Courier Médical*, but using a remedy hypodermically does not prevent its being homœopathic to your case. Everybody knows that this *Pilocarpinum* CAUSES salivation, you (!) show that it cures salivation. Moreover, you show that there was first an aggravation, or, in other words, you (!) gave too much of the *homœopathic* remedy. Do you over in *la belle France* think that making a hole in your patients' hides has any such very great advantage over giving the dear little pilule *per os*? Wonderful are the ways of some of the wanderers in this world. Your vulgar medico must have a squirt of some sort; if the patients shut up the natural openings and outlets of their bodies against you, ye must perforce bore holes in their hides. May a modern Molière arise and scorch such shallow shams!

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## REMARKS ON THE ROOT OF ACONITUM NAPELLUS AND OTHER SPECIES.

By E. M. HOLMES, Esq., F.L.S.

ALTHOUGH aconite has been used in medicine for at least a hundred years, and is recognised as one of the most powerful of medicinal agents, its internal use is not quite so general in this country as its properties might lead us to expect. Perhaps this is owing to variation in strength of the official preparations and to the known danger of using too large a dose. How far this variability is due to a non-recognition in the Pharmacopœia of well-known facts, may be open to question, but it appears certain that the requirements of that book might be complied with, and yet that preparations very variable in strength might be the result. That such is the case is proved by the statements made by Mr. Cleaver concerning extract of aconite (*Pharmaceutical Journal* [3], xii., 722) and by the recent experiments made with the alkaloid, which have shown that one commercial sample may be seventy times stronger than another.

The Pharmacopœia describes aconite root thus:—

"The dried root of *Aconitum Napellus*, L. (*Pharmaceutical Journal* [1], xv., 449). The root may be 'imported from Germany or cultivated in Britain and collected in the winter or early spring, before the leaves have appeared.'"

In the first place the figure of the root referred to is totally inadequate to distinguish the root of *A. Napellus* from that of other less poisonous species, the variation in form being very great, according to the age and position of the root. In the second place the root imported from Germany is collected by peasants who, as a rule, are not possessed of botanical knowledge, and is sold without any guarantee that it is collected in winter or early spring; indeed it is difficult to understand how the root of *A. Napellus* could be found before, or distinguished after, the leaves have appeared. Thirdly, the root is not cultivated as a crop in this country, because it could not compete in price with the German drug.

Under these circumstances it is easy to understand why the alkaloid of commerce varies in strength, and why the preparations are also liable to a similar fault. It is also obvious that even the most careful chemical investigations of the commercial root must be founded on an unreliable basis, and that the results obtained by chemical analysis must in consequence be to a certain extent devoid of scientific value.

It becomes extremely important, therefore, that so powerful an agent should receive at the hand of the pharmacist far more attention than has hitherto been accorded to it, and that every means should be used to provide the medical profession with preparations of aconite as nearly as possible of uniform strength and perfectly reliable. This is the more desirable since aconite is now being used in the treatment of inflammation of the lungs, in puerperal and other fevers, and in acute cases in which prompt and reliable action is of the utmost consequence. The chief difficulty in making such a preparation is in obtaining the typical variety of the right species. De Candolle describes twenty-nine varieties of the official species, *Aconitum Napellus*, but whether all these forms, which possess the same specific botanical characters in common, have the same chemical constituents, and whether, like isomorphic crystals and isomeric bodies in general, they have a different physiological action, is very difficult to ascertain, seeing that it is by no means easy to identify them for the following reasons:—First, because a complete series of the members of the genus is hardly to be found for reference in any botanical garden or museum; secondly, because the varieties sold by florists are not always carefully named; and thirdly, because they cannot be procured in sufficient quantity for purposes of chemical investigation.

Moreover, botanists are not agreed as to the forms which

should be placed under each species. Steudel enumerates about eighty which have been grouped under *A. Napellus* by different botanists. The aconites are so closely allied, and the varieties run so much into one another, like the willows, brambles, roses, mints, and cinchonas, that even De Candolle has placed the same plant under two varieties. Professor Maximowicz, who has paid considerable attention to the species occurring in Japan, remarks in a recent letter: "The genus *Aconitum* is, botanically speaking, a most difficult one—not one characteristic holding its own from species to species. It is a matter of personal opinion whether you accept a dozen species in all, while another thinks to separate thrice the number. I have observed them in Mandshuria and Japan very assiduously, and have despaired of finding well-defined species, for there will arise intermediate forms between such as in most cases are thoroughly different. One would think these were numerous hybrids, but they are as freely seed-bearing as the various hybrid aquilegias used to be."

Although it is almost impossible to define accurately in botanical terms the different aconites, it seemed to me worthy of inquiry whether those available for pharmaceutical purposes might not be characterised sufficiently for all practical purposes. It is well known that the Japanese peppermint plant, although botanically it offers no character to separate it from *Mentha sativa*, is readily distinguishable by taste, and it is, therefore, natural to suppose that the different forms of aconite might be distinguished to a certain extent in the same way. Experimenting in this direction, I found that the roots of several species of aconite did not cause a tingling sensation when chewed, and that this was the case not merely with the Asiatic species, *Aconitum uncinatum*, *heterophyllum*, and *palmatum*, but that also several plants which present the specific characters of *A. Napellus*, although easily distinguishable from it by habit, present the same peculiarity. Of these I may mention that forms which were supplied to me under the names of *A. Napellus*, *pyramidalis* var., and *paniculatum*, etc., did not cause tingling when chewed, while others, such as *Stoerckeanum* and *albiflorum*, produced a slight, and others again, such as *A. autumnale*, a very powerful tingling sensation. Here a difficulty is met with in the fact that the plants are not always correctly named, either in botanical gardens or in the collections of florists, from labels becoming displaced. But all of the



aconites in which this variation occurs, so far as I have observed, flower later than the typical *A. Napellus*, so that if the Pharmacopœia added to its description "the root obtained from plants flowering in May and June," and erased the words "imported from Germany," one cause of the unequal quality of the root would be removed. This is all the more important, since I have determined by direct inquiry that some florists would supply to a grower the plant flowering in May and June, and others would supply any variety of *A. Napellus* that happened to be in stock, no difference in the properties of the varieties being known to them. The only way to secure aconite of good and uniform quality appears to be to limit the official drug to home-grown aconite flowering in May and June, and gathered when the plant is in flower. In this way there can be no mistake about the species, and the leaves collected at the same time could be used for making extract. Even if the root were thus not gathered in its most active condition, it would at all events have the advantage of uniformity of strength, which is of much more importance.

The aconite has the property of developing roots instead of leafbuds in the axils of the lower leaves, provided that these are covered with soil. Whether this property has been conferred on the plant with the view of enabling it to approach nearer to the surface when, as must often happen in its native mountains, the plant becomes almost buried by the fall of *débris*, or the earth washed away from the root by floods, or to propagate the species when not under favourable conditions for producing seed, it could at all events be turned to account in cultivation, since by earthing-up the stems a larger yield of roots would probably be ensured.

In testing aconite root by taste, it must be remembered that the tingling sensation is often not developed for ten minutes, and lasts for two or three hours, so that half a day must be allowed to elapse before tasting a second sample, to prevent the chance of confounding the effect of one root with that of the next.

In conclusion, aconite is very easy of cultivation, and considering the small quantity used there is no reason why any chemist who has a small piece of garden should not grow his own aconite root.

## PROVINGS OF SYPHILINUM.

By S. SWAN, M.D., New York.

(1) S. SWAN, M.D., took *Syphilinum* cm (Swan).

Cannot remember names of persons, books, or places.

(N.B.—Loss of memory is one of the *later* symptoms of constitutional syphilis.)

Sharp pulsating pain occasionally at outer end of superior border of right orbit, apparently in periosteum.

Ever since proving *Syphilinum* finds a difficulty in arithmetical calculations.

(2) Miss E. S. took *Syphilinum* cm (Swan).

Sharp zigzag shooting pains in region of uterus: first day.

Sore aching in left ovarian region, extending to the right, with some darting pains; a fulness in ovaries, as if congested: second day.

Very nervous and weeping without cause: third day.

Feeling of heat internally in hypogastric region: third day.

Pains commencing in sacral region internally, and apparently coming round to uterus: third day.

(3) Miss M. H. took *Syphilinum* mm (Swan); the repetition of the dose is not stated, but all her symptoms occurred on the twentieth day from the commencement.

Pain from eyes through to occiput; with sensation of weight in occiput, drawing head back, or as if it was pulled back; eyes ache and smart.

Chancrous ulcers on pharynx; sore throat, with granulations; excoriation of throat when swallowing; deglutition painful, especially with liquids.

Slight whitish leucorrhœa.

Pain and oppression at bifurcation of bronchi and in larynx, it hurts her to breathe; sensation of pressure under upper part of sternum; lancinating pains in heart at night, from base to apex (*Medorrhinum* has the reverse direction).

Aching pains in limbs like growing pains.

Wakes soon after midnight, and cannot sleep again till 6 a.m.

Dry, hot fever shortly after going to bed, with dry, parched lips and great thirst; during the fever is intensely hot, wants to throw off the covering, puts feet outside the bed and against the wall to cool them; high fever in middle of day, the heat being intense, with sensation as of burning up; thirst for large quantities often; the sensation of burning

internal heat is very marked; fever preceded by slight chill, followed by sweat and great debility.

Feels worse mornings, utter prostration and debility in morning (clinically verified).

(4) Mrs. M. B. P. took one dose of *Syphilinum* cm (Swan).

Menstruation painful; two weeks too soon; pink-red, bright; profuse, running free for some days; napkins wash easily; next period in twenty-eight days, painless (after eight days).

Extreme sensitiveness of breasts to touch, during menses and at other times.

Sensitiveness of mammæ to touch, feeling sore.

Intense itching of vulva on rising in morning, lasting till 10 o'clock.

Hoarse, almost to complete aphonia, the day before menses; no catarrh or sore throat (after thirty-five days).

(5) A woman took a high potency of *Syphilinum*.

Pain in coccyx at its junction with sacrum, and sometimes in lower sacral vertebra; worse by sitting, with a sensation as if swollen, which is not the case; rigidity in sacral muscles.

(6) The following are symptoms produced by high potencies of *Syphilinum* on various provers, whose symptoms have not, unfortunately, been separated:—

Vertigo when looking up, seems to be caused by heat; from cmm (Swan).

Sensation of heat, with a little pain in outer half of left eyelids.

Itching of internal canthus of left eye; from cmm (Swan).

Left side of nose inside alæ itching; from cmm (Swan).

Nose stuffed up and burning; after cmm (Swan).

Painless fluttering occasionally in tooth, very peculiar, like something alive; cannot detect which tooth it is; from cmm (Swan).

Singular feeling, as if the teeth had all got out of place, and on closing jaws the teeth do not come well together; from cm (Swan).

Pain in right upper jaw as from teeth, with swelling of face; after cm (Swan).

Tongue coated white, with edges indented with the teeth: third day after 2cm (Swan).

Pain or a distress deep in abdomen, as if in omentum; from mm (Swan).

Slight itching in orifice of urethra, scalding urine; after cm (Swan).

Lameness and pain of arm on motion, particularly on raising arm up in front, as in reaching; the pain is located about the insertion of deltoid muscle in upper third of humerus, but is not painful on pressure: six hours after cmm (Swan).

Lameness and pain in right wrist when turning the hand, and on pressure is sensitive at the insertion of the ligament of the flexor carpi radialis; the sensation is as if it had been strained.

After retiring, nervous chill, commencing in anus, and running down legs, with spasmodic sensation; followed by distress in bowels and immediate desire for stool; passed a little wind, when the chill and desire for stool ceased; afterwards profuse urination; eructations relieved the chill; third day after 2cm (Swan).

(7) The following symptoms are from cases of syphilis, one of them a physician who died a few years ago from the effects thereof. Though every symptom in a syphilitic patient is not necessarily syphilitic, and though this physician was salivated by mercury, and took large doses of sarsaparilla and opium, besides several homœopathic remedies, yet his symptoms, as well as those of others, have been so far confirmed by provings with the dynamised virus, and verified clinically, that I give them here for further study.

Loss of memory, partial or entire.

Loses remembrance of passing occurrences, names, dates, etc., while all occurrences previous to the inception of the disease are remembered as distinctly as ever.

Great difficulty, and sometimes impossibility, of concentrating the thoughts on particular subjects, yet at the same time can recollect consecutive events and details which occurred twenty-five or thirty years previously in their order of occurrence almost without an effort.

Lancinating pains in occiput, invariably *worse at night*.

Cephalalgia in nerves of scalp, invariably *worse at night*, and BETTER AFTER DAYLIGHT.

Cephalalgia much relieved by *Silica* 3, 6, 30.

Lancinating pains in occiput, *worse at night*, causing sleeplessness, but CEASING ALWAYS WITH THE COMING LIGHT OF MORNING.

Two months afterwards the neuralgic cephalalgia returned, causing sleeplessness *at night, always commencing about 4 p.m., worst from 10 to 11 p.m., and CEASING AT DAYLIGHT.* (*Syphilinum* 1m, and three days later *Senega* 30, relieved the head, and thirty-five days afterwards the pain ceased completely.)

Great loss of hair.

Myopia.

Iritis, with photophobia, congestion of conjunctiva and sclerotica, with puffiness of conjunctival mucous membrane (chemosis), pupil immoveable, diminished sight, supraorbital pain.

Upper eyelids swollen.

During sleep lids adhere; one of the chief diagnostic signs in infants.

Ptosis paralytica.

Strabismus paralyticus; the rectus internus being involved and the eye turning outwards.

Diplopia; one image seen lower than the other.

Strabismus paralyticus; eye turning inwards, and the pupil can only be turned out as far as the median line.

Interstitial keratitis.

Photopsia; black spots, shreds, or veils before sight.

The left submaxillary gland, which had become swollen and indurated, softens and discharges, and after forty-five days begins to heal slowly.

Face drawn to one side, difficulty of speaking, masticating, blowing, etc.

Single small lunar cleft in central upper incisors of the permanent set, which incisors are dwarfed in their general dimensions; an invariable characteristic of inherited syphilis.

First central upper incisors are serrated; the permanent teeth point towards each other, the inner side is concave, the edges serrated.

Fœtid breath.

Tongue turns to one side when protruded; difficulty in masticating; cannot turn the food with the tongue so readily from right to left as in the opposite direction.

Tongue very red and thick, covered with an eruption; two deep cracks running lengthwise, one each side of median line.

Tongue thickly coated, dirty, edges serrated or indented by the teeth.

Loss of appetite.

Appetite good again; ravenous desire for food even after a meal.

Pain in right groin, followed by swelling of glands.

Pricking sensation in chancre as though it was punctured with a number of pins.

Burning sensation in chancre.

Chancre heals on 155th day after its first appearance.

Sensitiveness of os uteri, which increases to intolerable pain at menses or on the introduction of finger or penis; this is frequently the cause of abortion.

Epileptic convulsions after menses.

A very common cause of valvular disease of heart.

After the disappearance of the pustular eruption, a gradual rigidity of all the joints ensues, and all the flexors seem to become contracted or shortened; this causes inability to close the fingers on a knife, fork, or spoon, and a partial inability to lift the foot to step upstairs, except with great difficulty by using a cane, and only a step up or down at a time: *Syphil.* 1m and *Seneg.* 30 relieved. (This is not the case when the pustular eruption is a curative effect after *Syphilinum* in a high potency.)

Can only raise the arms to a right angle with axillæ; trying to force them higher causes the muscles suddenly to become paralysed, and they drop pendent.

Feeling of numbness in palms and soles, which have also at times a prickly sensation as if the numb parts were punctured with a great number of needles. (Compare similar sensation in chancre.)

Sarsaparilla begins to relieve rigidity of joints slightly.

Slight lancinating pains in one groin, *worse at night*.

Pains particularly aggravated in, or confined to, muscles and joints of lower extremities; they seem to go into the bones, and consequently become deeper and more profound.

Pains worse in lower extremities; are excruciating and banish sleep completely; they become so unbearable that hot fomentations make them much worse, but pouring cold water on the limbs relieves for an hour, after which the pains return.

Cannot sit in a low chair or squat down owing to loss of control over knee and hip-joints.

Pains in long bones of lower extremities, also in joints; relieved by *Aurum* 8.

Any preparation of *Mercury* up to 30th aggravated the symptoms. [N.B.—The low dilutionists are requested to make a note of this fact.]

Great restlessness at night, and impossibility to keep long in one position.

During the whole twenty-four hours can only rest from 8 to 10 a.m.

Total loss of sleep for twenty-two successive days and nights.

On the following night takes, between 7 and 9 p.m., 280 drops of strong *Laudanum*, in four doses, which gave total relief from pains and four hours' sleep with strange dreams of robbers and being in a cave condemned to death, and being rescued by a spirit, accompanied by a cool breeze, which seemed to blow upon him and cause a delicious sensation of relief and rest.

The following night pains were less, but sleeplessness continued; 200 drops of *Laudanum* in a single dose caused sleep after two hours, lasting about four hours, and the pains did not return till 7 p.m. next day.

Two hundred drops of *Laudanum* are continued till sixth day, when an *Opium* colic ensues and becomes terribly painful, but relieved by ten drops of *Bellad.* 1. [N.B.—A warning for those pseudo-homœopaths who try to subdue the pains of incurable cases, and produce euthanasia, by narcotics instead of the *simillimum* in a high potency.]

Had partial rest and some sleep in daytime for six days.

Fourteen days and nights of absolute sleeplessness ensue, when he has recourse to *Laudanum* again, of which 150 drops each night procure slight sleep and relief from pains for eight days following.

Eleven days and nights of absolute sleeplessness follow, when 150 drops of *Laudanum* are repeated three times a day; then the *Opium* colic ensues, accompanied with tenesmus, discharge of red blood, and constipation.

Ten days and nights of rest follow, when the pains in bones and joints ensue, relieved by *Aurum* 30.

The lack of sleep produces a sudden faintness and sinking sensation in chest; three of these spells succeed each other during a single night, from which he is revived with great difficulty by *Opium* 6.

Excessive general debility and continued night-sweats, which are most marked between the scapulæ and down to waist.

After six-ounce doses of *Decoctum Sarzæ* every twelve hours, a pustular eruption in different parts of the body; in patches in certain places, particularly on wrists and shins, where the bones are nearest the cuticle; and isolated larger pustules in other parts: these break, discharging an ichorous liquid for one or two days, and then heal, leaving the characteristic pock-marked cicatrix, the patches taking

longer to heal, and discharging the same ichorous liquid till the healing process commences.

After the healing of the chancre, a fresh pustular eruption on different parts of the body, which, when the pustules have discharged an ichorous liquid and healed up, leaves fresh coppery pock-marks: *Medorrhinum* permanently removed it, causing it to dry at edges and scale off.

Enlargement of glands in different parts of body, leaving lumps of the size of an almond kernel, some larger and some smaller; particularly abundant between neck-muscles; they are indurated and slightly painful, causing a sensation of uncomfortable fulness and suffusion in face, throat, and head.

The lardaceous coppery hue of the skin pock-marks disappears after a dose of *Laches*. 30, but returns after fifteen days.

Indented lumps between neck-muscles, slight rigidity of joints; coppery hue of many of the pock-marks (after salivation).

Shifting pains of a rheumatic character, obliging a repeated change of posture.

Lancinating rheumatic pains continue, slightly relieved by a change of position at times, and sometimes relieved by motion.

*Pains commence at, and gradually increase after, 2 p.m., reach their acme at 9 p.m., and continue exceedingly acute till the following 3 or 4 a.m.; WITH DAYBREAK THEY SUBSIDE.*

After feeling the pains for four or five weeks, more particularly aggravated in, or confined to, the muscles and joints of the lower limbs, they seem to go into the periosteum and bone itself, and consequently become deeper and more profound.

The pains produce two sensations, an external one which seems to lie in muscles and joints, and an internal one which is deeper and much more unbearable, so much so that it seems by its profound nature to counteract the external one, and to cause these pains to disappear, afterwards reappearing intensified in the external sensation.

Other provings of dynamized *Syphilinum* are published in *The Organon*, vol. ii. p. 262; and *The Homœopathic Physician*, vol. ii. p. 77.



## SINGULAR CASE OF POISONING.

DR. CAFFE, in the *Journal des Connaissances Médicales*, describes a case of poisoning by nitro-benzine, which occurred a short time ago at Stuttgart. A vigorous young man of twenty-four, who was engaged in emptying a cask of artificial oil of bitter almonds by means of a syphon, thereby unconsciously introduced some nitro-benzine into his system. He did not discover it at once, but continued to work for two hours longer, when he was seized with headache, vertigo, and stuttering; his face assumed a bluish tint, and he fell down in a fit. Vomits were administered without success, and he died on the following day. Upon dissection the whole body emitted a strong smell of bitter almonds; ecchymosis was remarked on the stomach and other organs; the liver was extremely yellow, and the spleen large, friable, and red. The most remarkable circumstance in this case is, that the poison remained so long inactive.

## ACETIC ACID: CLINICAL EXPERIENCE WITH.

By H. N. GUERNSEY, M.D.

WHEN the three symptoms,—viz., intense and constant thirst, the passing of large quantities of pale urine day and night, and marked debility—all stand in a group in a given case, we may be very sure this remedy will be of priceless value in restoring such a case to health.

In diabetes no remedy equals this when presenting the above as the most characteristic symptoms. In a few days the diminution of thirst shows a marked improvement, the urine decreases in quantity, chemical analysis shows a decrease of sugar, the strength increases as well as the weight of the patient, and, finally, perfect health is restored.

Also in dropsy, where the abdomen and legs are badly swollen and the above three symptoms are the most characteristic.

In diarrhœa of children, old chronic cases, with bloated abdomen, œdema of the lower extremities, undigested stools, with the above characteristics.

In myelitis, characterised as above, particularly if the patient must lie on the abdomen to find relief of pain in the back.

In constipation, with the above characteristics.

Also in cancer of the stomach, much complaining of the stomach, with distress, burning nausea, vomiting, etc., with the characteristic symptoms as above.

In all my experience with this remedy, which has been large, I have never used it below the thirtieth potency, and have not given more than three doses, twelve hours apart, before waiting a few days to see the effect, and have often waited two and three weeks without repeating it, so satisfactory has been its action. I make it an invariable rule *never* to repeat the dose so long as I can perceive the least improvement. In this way I make many cures with this invaluable remedy that could not be made in any other way. What I have written above in regard to the uses of this remedy I am responsible for only when used in accordance with our law of cure. For the fullest symptomatology extant of this remedy, see Hering's "Guiding Symptoms."  
—*New England Medical Gazette.*

## LITERATURE.

### A MOMENTOUS EDUCATION QUESTION.<sup>1</sup>

THE author of this pamphlet is the "highest living authority on the subject of Swedish education," and its translator is our eminent colleague, Dr. Garth Wilkinson.

As almost everybody really wishes well to the rising generation, this pamphlet is addressed to a pretty extensive public.

What is this momentous question? Vaccination. That it is a momentous question, a *very* momentous question, no one who understands the subject will deny. But much of the anti-vaccination literature is so vulgar and brawling that people of taste and refinement shrink from the whole subject, and especially from the anti-vaccinators. Then, again, some of the most unimpeachably honourable members of the medical profession are held up by the most eminent anti-vaccinators as being pro-vaccinationists from impure motives. They ask the world to believe that pro-vaccina-

<sup>1</sup> A Momentous Education Question for the Consideration of Parents and Others who desire the Well-being of the Rising Generation. By P. A. Siljeström, late Member of the Swedish Parliament. Translated from the Swedish by J. J. Garth Wilkinson. London. 1882.

tionist physicians and surgeons merely uphold vaccination for the sake of the fees thereby accruing to them. This the world does not believe, for the simple reason that it is not true. The lives of the vast majority of medical men of all schools are one long living denial and refutation of the foul slander that the anti-vaccinationists seek to fasten upon them.

Hence it is specially pleasing to find a calm, dignified anti-vaccinator, who handles the subject in such a masterly manner that vaccination has really no leg left to stand upon, and yet the pro-vaccinationists are not abused.

We hate *compulsory* vaccination, and we more than doubt the propriety of vaccinating at all. But still, let those who believe in the blessings (?) of vaccination by all means have as much horse-grease blessing as they want. They say vaccination protects from small-pox. Good. Then if *they* are vaccinated, what business is it of theirs whether *we* are vaccinated or not, since *they* are *protected by vaccination*? Assuming vaccination to be a boon and a blessing, is *that* any reason for making it compulsory? Do we *compel* people to go to church?

Those who care to know the *sober truth* about this momentous vaccination question, soberly yet powerfully put by a scholar and a Christian gentleman, should read this pamphlet, for the neat translation of which we express our acknowledgments to the learned author of "The Human Body and its Connexion with Man."

### THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA.<sup>1</sup>

THIS is a beautiful volume of 523 pages, perfect in its get-up.

It would take at least a month of our spare time to examine critically the whole of this most important contribution to our literature, and then our space would preclude our rendering a faithful account of our examination, so we must needs merely call our readers' attention to its salient points and leave them to read it for themselves. As a work to put into the hands of a homœopathic chemist, it is clearly

<sup>1</sup> The American Homœopathic Pharmacopœia. Compiled and published by F. E. Boericke, M.D., and N. J. Tafel. Boericke and Tafel, New York and Philadelphia, 1882.

of very high order indeed, and the homœopathic physician will find it a most useful work of reference to have in his library.

As an example, we look up *Carduus*, and are gratified to find two things—first, the *Carduus Benedictus* is differentiated from the *Carduus Marianus*, and secondly the tincture of the *Carduus Mariae* is correctly ordered to be made from the seed.

To give our readers an idea of the comprehensiveness of the *American Homœopathic Pharmacopœia*, we may mention that such drugs as *Castor equorum*, *Fel. vulpis*, *Hepar vulpis*, *Yucca*, and *Wyethia Helenioides* are treated of.

We miss the *Euphorbia amygdaloides*, which is a pity, as it is so well proved, and is worth all the other spurges put together; but, on the other hand, we are introduced to the fair and blushing *Corallorhiza odontorhiza*. Altogether we must express great satisfaction with the *American Homœopathic Pharmacopœia*, and we think it will be a necessary work for all English homœopathic chemists who wish to be abreast of the times, for the American indigenous remedies are not very freely treated of in the forthcoming *British Homœopathic Pharmacopœia*.

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### THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY.<sup>1</sup>

THE first calendar, for the coming year, to reach us is from Messrs Boericke and Tafel, of New York and Philadelphia. It is the unique "Visiting List" of Dr. Robert Faulkner. We say unique, for it has the full complement of the usual good things of medical pocket-books, and a capital *Repertory* besides. Moreover, the *Repertory* is not only pharmacological, but also nosological. We feel sure that a very large number of homœopathic physicians would carry this *Repertorial Visiting List* did they only know its contents and the help they would get therefrom in their daily rounds.

<sup>1</sup> The Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. New York and Philadelphia: Boericke and Tafel.

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## CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

## "QUICUNQUE VULT."

DEAR SIR,—Thanks are, I think, due to you for your lucid and broad-viewed article, "Quicunque Vult," in the November issue of the *Homœopathic World*. You have put the matter "in a nutshell," and explained away much that must have been extremely perplexing to the minds of some homœopaths.

The constant bickerings which have of late been going on between certain members of our professional body are, I consider, in the worst possible "form," and should be discouraged in every way. Fair, logical, and cool argument concerning the much-vexed dose (or rather *dilution*) question is to be encouraged, but when animus, sneers, personalities, and vainglorious boasting are introduced into the discussion, then, surely, the time has come for a firm editorial hand to put an end to such exhibitions.

The hot-headed intolerance displayed by certain of the self-styled "Hahnemannians" towards their homœopathic *confères* is only to be equalled by that of the most rabid anti-homœopathic allopath. As you, sir, have pointed out in the article referred to, we all agree on one point, namely, that likes may be cured by likes, and, therefore, it may well be asked, as we are thus at one upon Hahnemann's great therapeutic law, and each one endeavours to the best of his ability to carry this law into practice, why all this petty squabbling and division in our camp respecting dosage and dilution?

Surely if a man finds that he can get satisfactory curative results from the use of low attenuations of drugs, guided by the fundamental Hahnemannian principle, he has every right and reason so to continue his practice, notwithstanding the scorn of the "ultra-Hahnemannian transcendentalist." (I thank thee, Mr. Editor, for this expression.)

Our aim, as *physicians* pure and simple, is to cure the sick and alleviate distress, and these are the objects for which we are consulted by suffering humanity. To gain these ends certainly, speedily, and safely it is our duty to use *all* the means in our power which appeal to our common sense,

independently of any one particular *pathy*. We homœopaths have our therapeutic law to guide us, and consequently we have seldom to go astray from it. But there are times and instances when most of us have some special form of disease under treatment where it would be simple cruelty to withhold certain soothing and sedative measures which could not by any stretch of the imagination be styled "homœopathic." And yet the necessities of the case demand such treatment. Would a "Hahnemannian" withhold sedative treatment in (say) an incurable case of cancer? Would he do nought for the agonising pain and for the sleeplessness—nothing to ease the sufferer's path to the grave beyond giving his "high dilutions"? If so, I should consider him culpable as a physician and inhuman.

I have no desire to criticise the ordinary practice of the "Hahnemannians," believing, as I do, in the efficacy of both high and low dilutions, but when they profess to cling so unswervingly to Hahnemannism they must expect their fealty to be questioned in such an instance as I have named.

I, sir, hold Hahnemann in the greatest respect and honour, but let us not forget that the founder of Homœopathy was a *man*, and not an infallible god; that he was as liable to error as the rest of humanity; and that by a fanatical and slavish adherence to his tenets and teachings, to the exclusion of every other branch of therapeutics, we are sacrificing the interests of our patients to our own bigotry and dogmatism.

I am, dear Sir, faithfully yours,

A PHYSICIAN.

[To have the sympathy and approbation of our colleagues gives us great satisfaction. We may, however, say that we did not use the expression "ultra-Hahnemannian transcendentalists" in any offensive sense, for we have large sympathies with some of their views, and the greatest respect for their unflinching adherence to *all* the teachings of the master. But we hate intolerance and the gag in every form, and we fully agree with our correspondent that every physician is absolutely bound to do his very best for his patients, whether it tally with his "*pathy*" or not. We, however, prefer the risk of obstruction to the *censure*, and in literature we prefer to risk a little licence rather than not allow the most ample liberty to *all* our contributors. We want liberty for ourselves, and liberty we *will* have; if it be

not given us freely we will, God helping us, *take* it and hold it with a grip of iron; and what we demand for ourselves we will not wittingly withhold from others.—ED. H. W.]

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SIR,—The late Dr. Constantine Hering, in the preface to the American translation of the *Organon*, writes as follows:—“While the various dissensions among the old school are favouring the extension of Homœopathy, the varied diversities among ourselves serve only to develop and advance our principles. What important influence can it exert whether a homœopath adopt the theoretical opinions of Hahnemann or not so long as he holds fast the practical rule of the master and the *materia medica* of our school? What influence can it have whether a physician adopt or reject the psora theory, so long as he always selects the most similar medicine possible? Even in the larger or smaller doses, the masses or the potencies, allowing that there is a great difference between them according to the testimony of the friends of each, yet all this difference dwindles into insignificance when we compare the results of homœopathic with those of common allopathic practice.”

Yours, etc., M.D.

[We thank “M.D.” very much for the foregoing: when we wrote our leader, “*Quicunque Vult*,” we did not know we were in such excellent company.—ED. H. W.]

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SIR,—I am sure every one who has read your leader in last month's *Homœopathic World* must be much pleased with the liberal and broad views you take of Homœopathy; and no one can regret more than I do the want of charity and brotherly love that prevails amongst us. True, we are *all* homœopaths, with our different shades and ideas as regards treatment; but how can there be peace amongst us when one of our should-be leading men utters such awful nonsense as he did at the inauguration of our London School of Homœopathy? I am glad I was not present at the lecture, for I must have expressed markedly my disapprobation of such a perversion of truth. The lecturer states:—“After he (Hahnemann) had been driven from Leipsic, in his enforced solitude and isolation, as he grew old, *he took to spinning hypotheses*, which being uncorrected by discussion with other minds, etc., etc., rendered his system so repugnant to the

intelligence of educated physicians"!!! Now, this to me is really monstrous, for, instead of this, I assert that our immortal Hahnemann gave to the world the most wonderful discoveries ever made—the dynamisation truth, evolving some of our most valuable curative remedies out of inert and harmless matter; and this is called by one of our great men hypothesis!!! As our friend Pope says, it is really "too, too utter."

If any educated physician told me that the globules of 200 dilution were worthless and non-curative I should fear he was *non compos*, poor fellow! An allopath might assert such a thing, and I should put it down to his ignorance, feeling certain that he had never tested the matter either practically or fairly. Take away our infinitesimals, you then leave us a gross soulless body; and as to our system being "repugnant to the intelligence of educated physicians!" this, I fear, must remain so to the *greater part of the profession*, for we know the truth of infinitesimals can only be proved and demonstrated by the test of practical experience, and most certainly not by any chemical or microscopic analysis.

May I trespass, to give myself as a case in point, to prove the absurdity of Hahnemann submitting his glorious incomprehensible truths—viz., dynamisation, infinitesimals, and antipsoric medicines—to "the sharp-witted and educated physicians" of his day. Many years ago I was very intimate with one of our most literate and learned London medicos. I informed him that I had become a homœopath; he looked grave, and informed me that our friendship could only continue on one condition—my not speaking to him again on professional topics. This was carried out, as I had a great regard for the man. Years rolled on, and I enjoyed at times his non-medical intellectual talk. Rather more than a year ago I heard him discussing some cases with a friend. I said, "Have you ever tried such and such medicines? You need not give them in the doses I do, but like our modern homœopaths, in material doses." He replied, "I do not believe in any of your cures, nor would I waste my time in reading any of your works, for I know your system is not worth a moment's thought!" I had offered to lend him the last work of Dr. Hughes. And with such men the lecturer would have wished our old master to have discussed his abstruse discoveries! I give you an interesting case.



Mrs. —, æt. 37, married, five children; fine, stout woman, but looks ill and sallow. States: Been nearly laid up ten months with a bad leg. Her medical man wanted her to go into the hospital, and I gave her the same advice. She could not leave her young family. Been under a good homœopath four or five months. He had given her *Hep.*, *Merc.*, *Hydrastis*, internally and externally; *Nitric Acid*, do.; carbolic oil, etc., etc.—in fact, she was a regular poser, and only seemed to get worse for treatment. I took charge of her, wishing to try a remedy I had read about. She told me her story, which was very sad, but common—*Res angusta domi*. Children nearly starving, husband bringing in scarcely anything; in consequence a primary sore, cured (?) by mercurials, etc.

She said that five or six months ago some small black spots came on her thigh and below her knee, broke, and the sores ran into one large wound; here were two ulcers, larger than a five-shilling piece, dirty, stinking, and sloughing, with jagged, elevated edges, one on thigh over the patella, the other over the head of the tibia.

I gave her five globules, dry on her tongue, of *Syphilinum* 2C0, and some unmedicated pilules, to take one three times a day, and told her to see me in a week's time. Upper ulcer looking cleaner; gave her another dose and continue plac. In rather more than a month the upper wound healed, and two large pieces of bone came away from the head of the tibia; and in three months she was nearly well, having had only six doses of *Syphilinum*. I had to give her some better diet, but that had very little to do with her case. I advise a dose of the medicine in such a case to be given once in ten days, as amply sufficient, and perhaps more than enough. I am not likely to meet with such a case again, so fear I shall have no chance of re-testing the nosode. I hope the account of this case may induce some of our homœopaths living in our large towns to fairly and honestly test this remedy in cases of primary sores, for in this case the remedy had a wonderfully-healing influence.

That case of hysteroid hiccough related by our veteran, Dr. John Wilde, is very interesting, but we must pass over the treatment in silence. I remember having two *bad* cases; one I cured with *Cactus*, the other case with *Agaricus Mus*.

When I was an allopath I had to watch a very bad case of hiccough for a very eminent physician, and the patient was treated scientifically, *secundum artem*, with opiates, etc., etc.,

and I then thought quite satisfactorily and skilfully. We had to give, *per anum*, nutritive enemata to preserve life until the hiccough subsided. I felt at the time that we merely kept *mors* off by the nutriment. Our *ars medicinae* was a perfect failure, and all the drugs we gave worse than useless. However, we pulled our good patient through, got credit for the cure, and I consider we received the greatest benefit.

To conclude, Mr. Editor, we are all, as you say, homœopaths, each with our different views of therapeutics; and I am perfectly convinced that all of my brethren are doing their best to cure those whom Providence has placed under their care. Where is the pure homœopath? Where is truth, and what is it? We are all trying to arrive at it, but I will only speak of myself, as I well know that if I was weighed in the balance I should be found sadly wanting. The true and pure only rests with our All-wise Father, and by His aid we may be guided near to it. It is the spirit of truth that tries to unite us, but the father of lies keeps us separate and divided.

WILLIAM BRADSHAW, M.D.

Worthing, November 11th, 1882.

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### HAHNEMANNIANS AND GALL STONES.

SIR,—The public expression of my views regarding certain notions peculiar to a small section of homœopathists, who style themselves Hahnemannians, made on an occasion when it was incumbent upon me to say what I thought on the matter, in addition to having excited the indignation and wrath of two of the most fanatical members of the little band, has been the means of bringing up for discussion the treatment of gall stones.

While I should, in endeavouring to relieve the pain incident to and inseparable from the passage of a gall stone, decidedly advise the use of a narcotic or anæsthetic, I should do so, not because such measures are free from objection, far from it, but because pain must in some cases, at any cost, be obscured somehow or other. I have very little doubt but that if a sufferer from gall stones were able to endure his pain without taking any opiate, he would get through the paroxysm much more rapidly than if he took opium or inhaled chloroform. Either of these drugs will smother pain, but unfortunately their action does not stop there. They are not only paralyzers of sensation, but to a large

degree of motion also. And it is upon the degree of contractile power of the tissue of the duct into which the gall stone has got jammed, that the duration of the paroxysm depends. That this contractile power is diminished by the opiate or the anæsthetic I have no doubt. But what are we to do? Homœopathic treatment is out of the question. The materials for carrying it out do not exist. One might as well talk of getting a stone out of the bladder, a grain of sand from off the conjunctiva, a shilling impacted in the œsophagus out of it by homœopathic treatment, as a stone out of the cystic duct!

Dr. Bradshaw thinks otherwise, and is of opinion that the two cases he reports were treated homœopathically when he gave globules of *Belladonna* 200. Permit me to comment for a minute upon these two cases, and see what they do prove. In the first place, there is no evidence that *Belladonna* produces any condition at all corresponding to that present in an attack of gall stones. In the second place, the only *Belladonna* symptoms at all resembling any usually met with in an attack are the invention of M. Houat, whose pretended provings have long since been condemned by a most competent authority as apocryphal—these are numbered 215 in Allen. So that supposing it were possible to obtain a drug homœopathic to a condition depending entirely upon a purely mechanical cause, situated in an inaccessible part of the body, there is no evidence that *Belladonna* is that medicine.

But Dr. Bradshaw will say, "My cases recovered!" Doubtless they did so. The probability is that they were over-drugged before Dr. Bradshaw was called in, and perchance had he not been sent for they might have been drugged off the face of the earth. The over-drugging had resulted in producing that partial paralysis of motor power which all opiates and anæsthetics will produce. Then came the *Bell* 200. Did the pain cease? Not at all. It endured just as before—so much so, that he had, as he writes, "to give a dose of *Bell* 200 daily for five more days." Notwithstanding this perseverance, at the end of five days the "pain" was, we read, "still very severe in paroxysms." After passing an offensive stool—the result, Dr. Bradshaw thinks, of her having taken a dose of *Nux V.* 200 for two or three days—she "began to amend." She thus took *Bell* 200 for six days, and *Nux V.* 200 for two or three days more, and then began to amend. Is there any evidence here that the improvement was due to either of the medicines used? I confess that I cannot see any.

The second case is much the same, but it shows the kind of action opium has in these cases. The patient begged Dr. Bradshaw not to give her any "sleeping stuff," as she was sure *the pains were worse when its effects went off*. During the action of the drug the patient is at rest. When its influence is gone, the contractile power of the duct is again aroused, and pain is more severely felt than ever. She, too, had *Belladonna* 200. On the sixth day of taking this medicine she was—"much the same." Two days later she had a dose of *Calcarea* 200. Now mark what happened. Says Dr. Bradshaw's record:—"On the eighth day I found her much easier; she said she felt something give way in the seat of pain, and"—without having any *Nux Vomica* 200 for two or three days—"had several very offensive motions with pieces of dark bile in them." Neither is there anything unusual in the course of this case. What happened is precisely what generally does happen when no medicine at all has been given.

While, then, I can see nothing in Dr. Bradshaw's cases calculated to encourage any one to imitate the practice they illustrate, I am far from satisfied with the opiate treatment—a method which Dr. Bradshaw strangely calls "scientific." It is, in very deed, very unscientific, and only adopted by any one for lack of something better; hence I read Dr. Thomas's letter with great interest. I had heard long ago of the olive-oil and podophyllum treatment, but have never felt sufficient confidence in it to test it. It is a method which shows how extremely careful one ought to be in arriving at therapeutic conclusions. After the administration of six or eight ounces of oil we invariably hear of hundreds of gall stones of various sizes being brought away. Dr. Shingleton Smith, of Bristol, some time last year reported a case in the *Lancet*, in which this method had been pursued under his superintendence. As usual, "hundreds of green masses of all shapes and sizes, from a canary seed to a good-sized horse bean," were passed in due course. A few of these masses were submitted by Dr. Smith to Professor Ramsay, of University College, Bristol. He found that they consisted, for the most part, of olive oil! Such an experimental investigation as this seems to me to be, so far as it goes, conclusive. The olive-oil treatment has had more credit given to it than was its due.

Dr. Thomas then introduces to us another medicine—Tilden's fluid extract of *Hydrastis*—and he credits it with

having relieved the agony of gall stones in two cases quickly—one in five minutes. This is something like medicinal action! At any rate it is an improvement on six days of *Belladonna* 200 with two or three more of *Nux V.* 200! But can *Hydrastis* be said to be homœopathic to gall stones? There are no symptoms in the proving of *Hydrastis* which would lead one to think of a gall stone. But at the same time it must be remembered that *Hydrastin*, the active principle of *Hydrastis Canadensis*, and *Berberina*, the active principle of *Berberis*, are chemically identical, while *Berberis* is a drug that has considerable influence in modifying the secretion of bile.

If, however, Dr. Thomas's remedy is merely an empirical one—if its use while relieving pain is not followed by exhaustion of the contractile power of the duct—it will prove a great boon.

Dr. Berridge, in his letter, says that if I will read through the whole of homœopathic literature from the time of Hahnemann until now, I shall be convinced that Homœopathy does not fail either in relieving the pain of calculi or removing the predisposition to them. Has Dr. Berridge gone through the process he suggests to me, that he writes so confidently of its effects? Relieving the pain produced by a foreign body in the cystic duct, and removing the predisposition to the formation of such foreign bodies, are two totally distinct things. The latter is unquestionably within the range of Homœopathy, the former appears to me to be without its limits.

I am very sorry to have hurt the feelings of Dr. Berridge's fair admirer, but truth is not always pleasant, and yet must needs sometimes be uttered, even though it provoke the indignation of a lady cured by Dr. Berridge of "heart disease, after two pseudo-homœopaths had failed." One wonders what was the nature of the "heart disease" in this case. Was it hypertrophy or dilatation? Was it aortic insufficiency or mitral incompetency? Was it muscular or nervous in its nature?

I have no more sympathy with the needless use of strong tinctures, quack medicines, or purgatives than I have with Dr. Berridge's bottled moonshine!

With regard to your other correspondent, he appears to have seated himself on such an enormously high horse, and to be so exceedingly contented with his position, and so fully

assured of his vast superiority to the rest of his fellow-creatures, that I think I'll let him alone.

I am, yours truly,

ALFRED C. POPE, M.D.

13, Church Road, Tunbridge Wells,

November 6, 1882.

#### DR. SHULDHAM'S "CLINICAL CASE."

SIR,—Would you allow me to say that I was not "the medical man who attended this case at Ramsgate"? In connection with this case, I also take the liberty of reminding my colleagues that there is a homœopathic physician at Ramsgate. I do this because I have only had three cases during the present year recommended to me by my homœopathic colleagues. For one of these, sir, I am indebted to yourself. Thus, whilst the present season has been an exceptionally prosperous one for the Isle of Thanet, it has been the reverse for, sir,

Yours faithfully,

J. HARMAR SMITH.

Ramsgate, November 13th, 1882.

#### HOMŒOPATHIC NURSES' INSTITUTE.

SIR,—The Nursing Institute attached to this Hospital has been in operation on the present extended basis for about five years, and the success attained is of the most marked character. The nurses trained by the Lady Superintendent have given the highest possible satisfaction both to the private patients under their care and to the members of the medical profession; indeed, from the high testimony borne to their great efficiency, intelligence, and zeal, they may be said to stand second to none. The demand for the services of these nurses is on the increase, and the Board of Management contemplate, at the earliest possible date, making a considerable addition to those at present available for out-nursing, and to provide the additional accommodation required for these extra nurses by utilising the premises (No. 1, Powis Place) adjoining the Hospital, which were acquired some years ago, and which have recently been vacated by the tenant. But these premises are very much out of repair, and must first be reconstructed in order to

adapt them to the purpose in hand, and to make them form part of the present Hospital buildings.

The Treasurer of the Hospital, Major W. Vaughan Morgan, has very generously headed the list of special donations for the above purpose by a sum of £100, and the Board of Management earnestly appeal to the supporters of Homœopathy and the friends of the Hospital for further donations to complete the required amount, estimated at £1,000.

Many will, no doubt, be influenced in favour of this scheme to increase the number of nurses by the fact that respectable and deserving young women are thereby assured an honourable employment and a comfortable home.

Yours, etc.,

ALAN E. CHAMBRE,  
Official Manager.

London Homœopathic Hospital,  
17th November, 1882.

P.S. — Cheques and money orders should be crossed "Prescott & Co.," money orders being made payable at the Chief Office.

### ACONITUM NAPELLUS.

DEAR SIR,—Allow me to draw your attention to the enclosed article<sup>1</sup> in the *Pharmaceutical Journal* on *Aconite*, by Mr. E. M. Holmes. As homœopaths we must all take a peculiar interest in any remarks affecting so important a medicine as *Aconite*, of which *we do* know a little. The paper I send you will, I have no doubt, be read with considerable attention, showing as it does, on the authority of this eminent botanist, what constant and varied mistakes and confusions are made in the matter of *Aconite*. In my little controversy in your journal in June, July, and August, 1880, with Messrs. Gould and Son, I pointed out (August number) just the same things that Mr. Holmes now does in the *Pharmaceutical Journal*, namely, the number of varieties there are of *Aconite*, the difference in their medicinal character, the manner in which they are collected by "old country women and worn-out labourers," and the substitution of one kind for another, and I endeavoured *also* to show that the only certain way of obtaining *Aconitum Napellus* is to grow your own. The climate of this country

<sup>1</sup> See p. 541 of this Journal.

differs little, if any, from that in which the plant is indigenous, and if one is careful to find the *right soil* and protect your plants from the inroads of weeds, etc., letting them alone for a year or two, so that they may get thoroughly accustomed to their position, we shall raise plants that will contain *every* constituent peculiar to them, and they will very probably yield a *larger* amount of *Aconitine* than the now-used imported roots. I say let them alone for a year or two, not that the plants are perennial, but if they are disturbed you do not get such vigorous young roots as is the case if left alone; this would not be a loss, as you get a crop of seed, if not roots, for the time wasted.

The plants from which for years I have made my tincture, and I can vouch for its activity, are pronounced by the highest authorities to be *A. Napellus*, and were grown in *this* country, under highly-favourable conditions, on the banks of a river.

It may be pleasing to Mr. Holmes to know that tincture of *Aconite* is *very much* more in use amongst the *allopathic* medical men than it was a few years since, and, thanks to their use of the Homœopathic *Materia Medica*, they use it as the homœopaths do, in accordance with the law of similars.

I am, dear Sir, yours truly,

ALFRED HEATH.

114, Ebury Street, S.W., Sept. 23rd, 1882.

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 5, Holles Street, Cavendish Square, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent

to Mr. C. MILLER, 2, Finsbury Circus, London, E.C.

“A HOMŒOPATH WHO ALSO HONOURS SCHÜSSLER.”—Your communication is too rambling. If you will express yourself a little more concisely, and keep to the point, and treat of only one thing at a time, we shall be pleased to insert your letters. There are nearly twenty different propositions in your communication.



BOOKS AND JOURNALS  
RECEIVED.

Hahnemannian Monthly, No. 10.

Allgemeine Homœopathische Zeitung. Bd. 105, Nos. 15, 16, 17, and 18.

Bournemouth Observer, Oct. 18, 1882.

Medical Call, No. 4.

Dublin Journal of Medical Science, October, 1882.

Revue Homœopathique Belge, No. 6.

Calcutta Journal of Medicine, No. 8.

St. Louis Clinical Review, No. 7.

The Medical Counselor, Nos. 76, 77.

Archivos de la Medicina Homeopática.

The Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. Boericke and Tafel, New York and Philadelphia.

The American Homœopathic Pharmacopœia. Compiled and published by Boericke and Tafel, New York and Philadelphia, 1882.

The Medical Advance, No. 111.

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Address delivered by the President of the Homœopathic Medical Society of Pennsylvania, John C. Morgan, M.D. Pittsburgh, 1882.

Spinal Curvature. By R. Heather Bigg. London: J. and N. Churchill, 1882.

Chemist and Druggist.

Monthly Homœopathic Review, Vol. XXVI., No. 11.

Bibliothèque Homœopathique, 14<sup>e</sup> Année, No. 2.

The Clinique, No. 10.

American Abserver, No. 224.

Bulletin de la Société Médicale Homœopathique de France. Tome XXIV., Num. 5.

New York Medical Times, Vol. X., No. 8.

New England Medical Gaz., No. 10.

The Journal of Medicine and Dosimetric Therapeutics, No. 35.

The Tunbridge Wells Advertiser, No. 10, 1882.

## CORRESPONDENTS.

Communications received from Dr. Ed. Blake, London; A. E. Chambré, Esq., London Homœopathic Hospital; Dr. Drury, Bournemouth; Dr. Thomas, L'andudno; Dr. Skinner, London; J. Sutcliffe Hurdall, Esq., M.B.C.V.S., Liverpool; Dr. John Wilde, Westonsuper-Mare; Dr. H. Hastings, Ryde; Dr. Bradshaw, Worthing; Dr. Kranz, Wiesbaden; Dr. Stanley-Wilde, Nottingham; Dr. Harmar Smith, Ramsgate; Dr. Tuthill Massy, Brighton; Dr. Pope, Tunbridge Wells; Dr. F. J. Bollen, Liverpool; J. M. Wallin, Esq., Middlesbrough; Messrs. Boericke and Tafel, New York; Dr. S. Swan, New York; Dr. Berridge, London; Dr. Park Lewis, Buffalo; Dr. Robt. T. Cooper, London.











